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STATE OF MARYLAND

1	STATE REGISTRAR				CERTIF	TIFICATE OF DEATH REG. NO.								
	CEASED NAME	FIRST		MIDDLE		AST		2a. DATE OF D	EATH	MONTH	DAY	YEAR	2b. HOUR	. A
		HAROLD	500	Γ.	ODE	IWALLE	₹			3	14	84	9:12	
3. SE)			4. RACE		5. DATE O		YEAR	6. AGE IN YEAR	RS LAST BI	PTHDAY}	MONTHS	DAYS	HOURS	MIN.
Male White			5	7	00	83		YRS			1,00,0	Willia.		
70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COL					8.	XX NEVER	MARRIED	9. BALTIMORE	CITY	R COUN	TY OF DE	ATH	1	
New York			U.S.		WIDOWE		MX NEVER MARRIED Balto. County						-1	MD.
10. CT	TYOR TOWN O	DEATH		OSPITAL, NURSING		R OTHER IN	STITUTION	120 USUAL OC				KIND O	FBUSINES	SOR
,	Balto.			gnes Hosp	1	(A)		Assemb				X-Ra	V	
U5UA 13a. S		NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE	CITY LIMITS?	13e SIRFET AD	DRESS	1	7.3			177
	Md.			Balto.		YES 🗌	NO 🗆	13° 2910°	Flo	rida	Ave.	21	227	
R.O.	THER'S NAME	A	AIDDLE	LAST		15. MOTHER	S MAIDEN NA		MIDDLE			LAST		
	Philip			Odenwalle	r	M	ary			1	Hemes			
WAS DECEASED EVER IN U.S. ARM				166. SOCIAL SECUP	RITY NO.	17. INFORM	ANT		ADDR	ESS			7,70	
	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE			119-10-0	1423	Mrs.	Helen (en Odenwaller - Same as #13.						
	18 CAUSE OF	EATH (Enter on	y one couse per	line for 191, (b), and	Act /		1	DP 1	1 -	+		APPROXI	MATE INTERV	AL EATH
	PARI I. DEA	TH WAS CAUSED AMMEDIATI		acu	4/	mjos	arcua	Just	ne	ter	1	lia	an)
3			DUE TO, OF	AS A DONSEQUE	NCE OF	0	- C. A		1.	do.		9	2000	
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-0	1.354.150 (0),	to immflore stating the	DUE TO, OF	AS A CONSEQUE	NCE OF									
	underlying	coe Mast.	(c)											
2	PART 2 OF	SIGNIFICANT	ONDITIONS	NTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CON	DITION	SIXEN IN	PART 110		
E I			Cle	route	00	Muy	fevel	Colon	orra	7	son	eon		
FICA	196. DATE CO	PERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20g AUTOP			TIFYING		OF DEATH	?
CERTIFICATION	0) 10000000		AN THE O	S IN LUIS W		121- HOW	NI III OCCUPI		40 <u> </u>		YES		№ □	
	OR CONTRIBUTING	G CAUSE OF DEA	11b. TIME O HOUR A.	M. MONTH DA	Y YEAR	ZIE HOW	NJURY OCCUR	KED (ENTER NATU	RE OF INJU	JRY IN ITEM 1	B PART I OF	PART 2)		
MEDICAL		Y MEDICAL EXAMINER	P.		19	21f. LOCAT	ION							
MEC	21d. INJURY OC	OT WHILE	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	STRE			CITY OR TO	NWC	CC	YTAUC	STA	TE
	AT WORK	AT WORK	A 1.5		- 9	1	. 1 8		2 -	14	8	4		
		not (1) (this hospit eceased alive on	_	deceased from	3	nd that in (m)	y) (our) opinion	death accurred	on the c	lote and h	_, 19	1	that (I) (we	
		we) (did) (did not				DEGREE	77 (00) 7 0 0 1111011	dediii decaired	017 1110 0			2c DATE		
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3	22d. PHYSICIAN	Carlotte A	M			22e. ADDRI	PHYSICIAN E	DIRECTOR	PHYSI	CIAN		,		
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	h/	- VUSE	10)			1006	1 Coult	morras	1	4 -		1 0	747	7 02

BP.

TO HOSPITAL

" FENDING PHYSICIAN: The low

TO HOSPITAL CONTENDING PHYSICIAN: The retained by the hospital or attending physician

DHMH - 16 50M 4/82 (15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages J-and 2-sh with the State Dept. of Health and Mental Hygiene prior to burial, crematies, or removal.

IMBORTANT: If them 21 is marked or them 18 shows, any injury, or other troumoric event, the

230. BURIAL, CREMATION, REMOVAL 23b. DATE 3/14/84 Removal

Aratomy Board

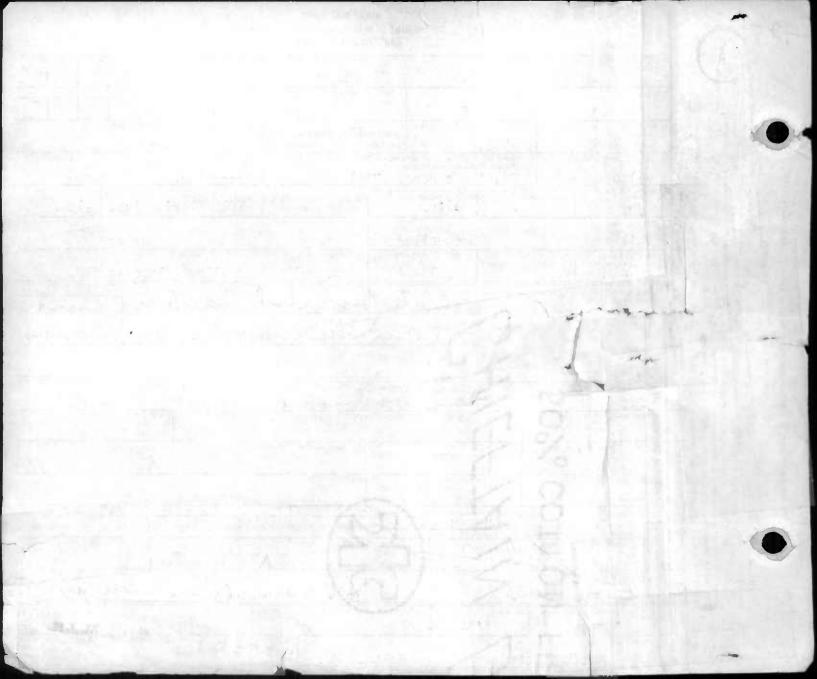
23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN

24 FUNERAL DIRECTOR

ADDRESS Balto., Md.

BY SECUTION 25 RECOUNTS SIGNATURE NAAR 2. 1



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE-EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE: PORTE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRINKIR PERMIT. PAGES 1 (APPRATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BAFFRINGER, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

	FOR STATE			STATE DEPARTMENT OF H DICAL EXAMIN	EALTH		ENTAL		7 2 6	U		
0.00	REGISTRAR	FIRST	IVIEL		EK 3 C		AIE	JE DEF	REG. IN			
	CEASED NAME	FIRST		MIDDLE		LAST			26. DATE KNOWN S	MONTH [DAY YEAR	26 HOUR
		CLAF	RA	O'DON	NELL				DEATH MATED	$\Box 3 - 16$	-8419	
3 SEX	(4. RACE	5. DATE OF BIRTH	6. AGE (IN YEA		DER 1 YR.	IF UNDER	24 HRS.	2c DATE	HTHOM	DAY YEAR	
100			MONTH DAY	YEAR LAST BIRTHDA	1110111	IS DAYS	HOURS	MIN	PRONOUNCED DEAD	7.16	-84 10	8:59
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	RTHPLACE (ST DREIGN COUNTRY)	ATE OR	76. CITIZEN OF WH	AI COUNTRY?	MARRI	ED 🗱 NE	VER MARR	IED 🗆	9 BALTIMORE CITY	OK COUNT	T OF DEATH	
9	Md.		U.S.A		WIDOW	ED 🗆	DIVORO	ED D	Baltimore	City		ME
€ 10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME	OR OTH	ER INSTITU	TION	12a. USt	JAL OCCUPATION (TY	PE OF WORK	26 KIND OF B	USINESS
	Baltimo			OSE Street ADDRESS)					MOST OF WORKING LIFE)	- 1	OR INDUS	TRY
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and the	Md.			Baltimor	e	YES X	NO 🗌	5 1	N. Rose S	st.	and don d	- 1
14. F/	ATHER'S NAME					15. MOTHE		EN NAME				
1	FIRST	TTooler	MIDDLE	LAST		F	IRST		Unknow	120	LAST	
1/- 1	AVAS DECEASED	Unkr		166 SOCIAL SECURITY	NO	17. INFORA	AANT		ADDRES			
100 ()	ES, NO, OR UNKNO	MN) (IF YES, GIVE V										
-	No			219-10-5	299	Harr	y O'	Doni	nell 5 N.	Rose	st.	
	gove ris	s, if ony, which to immediate stating the under-	(b) DUE TO, OR	AS A CONSEQUENCE C)F							
	PART 2 DTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH I	HIT NOT BELATED TO THE TERM	NAL DISEAS	OR CONDITION	N CIVEN IN S	ART 1 (-)				
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)											
7 3	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPER	ATION W	AS PERFOR	MED?			200	20 AUTOPS	Y?
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MEDICAL CERTIFICATION	UNDERLYING	CAUSE WAS OR IG CAUSE OF D		MONTH DAY YEAR		OW INJURY	OCCURR	ED LENTER	NATURE OF INJURY IN ITEM 1	8 PART I OR PAR		
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¥	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACT	ORY, FARM, ETC.)	S	TREEI			CITY OR TOWN	COU	NTY	STATE
	22a certif	,	of the remains described courses X.	Accident . Sui	Autop	sy . Homis	Inspection		Inquiry X, o	ind in my opi	nion	
	deam to joine	11-	7	017				onac.				
2	ACTUAL SIGNATURE_	Media	te Me	Shell	M		_{PECIFY)} istan	t_MED	ICAL EXAMINER	DATE	3-16	5-84
2	EXAMINER'S	NAME Marg	arita A	Korell M.D.		ADDRESS_	111	Penr	Street			

BP_ DHMH - 17 (VR A15 ME (5))

20M'4/82

Cremati
24. FUNERAL DIRECTOR
NAME
P & Son 2818 Dabrowski

on

23a BURIAL, CREMATION, REMOVAL 23b DATE

Baltimore

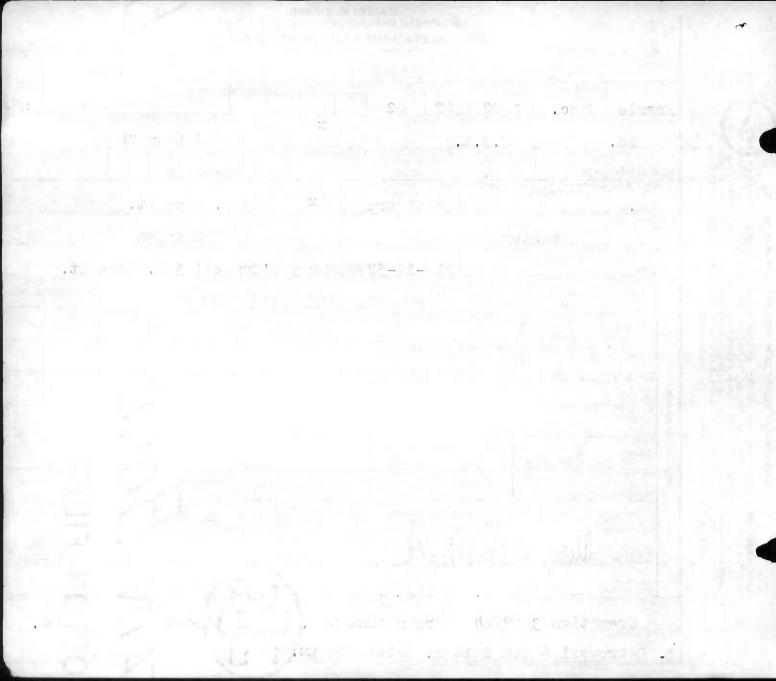
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23c. NAME OF CEMETERY OR CREMATORY

ORY 23d LOCATION COUNTY
Baltimore
154 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

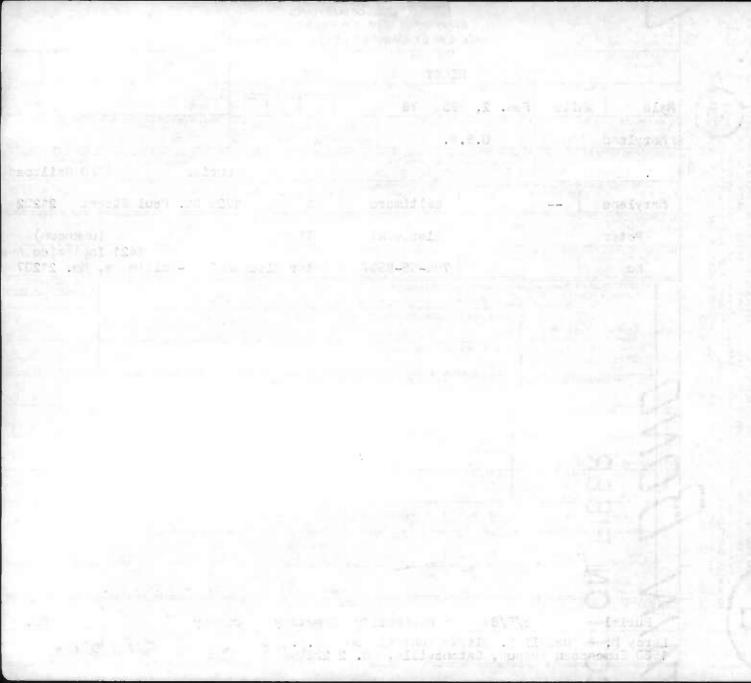


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STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
MEDICAL EXAMINER'S CERTIFICATE OF DEAT	Н					

DEPARTME	NT OF HEALTH AND MENTAL	HYGIENE	200	
MEDICAL EX	AMINER'S CERTIFICATE	OF DEATH	REG. NO.	
1100000				

R	ME	DICAL EXAMINER	ALTH AND MENTAL		NO.		
IAME FIRST	TIN	MIDDLE	OT SZEWSKT	20. DATE KNOWN OF ESTI- DEATH MATED		26 HOUR	
4. RACE White	5. DATE OF BIRTH MONTH DAY Feb. 2,	YEAR LAST BIRTHDAY) 78 YRS.	MONTHS DAYS HOURS	R 24 HRS. 2c. DATE PRONOUNCED DEAD	3 1 198	YEAR 24 HOUF 11:2	
and	U.S	.A. v	IDOWED XX DIVOR	RIED	City	MD	
ore	1725 St	e. Paul St.	R OTHER INSTITUTION	126. USUAL OCCUPATION (T FOR MOST OF WORKING LIFE) Courier	OR INC	DUSTRY Bailroad	
13b. CO		residence before admission) 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES X NO		ul Street	21202	
	MIDDLE	Olszewski	15. MOTHER'S MAIL FIRST Tina	MIDDLE	(unkn		
ASED EVER IN U.S., NKNOWN) (IF YES, G	ARMED FORCES? GIVE WAR OR DATES)				-		
e (a) stating the <u>und</u> g cause lost. HER SIGNIFICANT CONDITIO	DUE TO, OR (c) ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL		PART 1 (a).	20. AUT	DRCV2	
			YES				
VING OR	HOUR A.M	MONTH DAY YEAR	ONTH DAY YEAR				
21d. INJURY OCCURRED 21e PLACE O			21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
death resulted from. Natural causes X, Accident , Suicide , Homicide , Undetermined manner ,							
PRINT)/ALL	n M. DIXON,				7. 1 PM. 212	201	
	MAR' 4. RACE White E (STATE OR NUTSING HOWN OF DEATH OOPE NCE (IF IN NURSING HOWN OF DEATH ISE OF DEATH (Enter IT DEATH WAS CAU ditions, if any, where ise to immediate	MARTIN 4. RACE White Feb. 2, 7b. CITIZEN OF WINTER WITH OF DEATH 11. NAME OF HOS (IF NOT IN SUCH FA 1725 St NCE (IF IN NURSING HOME OR OTHER INSTITUTION, OF 13b. COUNTY AMAE MIDDLE MAME MIDDLE MIDDLE MAME MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MAME MIDDLE MIDLE MIDDLE MIDLE MIDLE MIDDLE MIDDLE MIDDLE MIDLE	MARTIN HENRY 4. RACE White Feb. 2, 1906 78 YRS. 10. CITIZEN OF WHAT COUNTRY? B. WN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN Baltimore AMME MIDDLE LAST Olszewski CASED EVER IN U.S. ARMED FORCES? INKNOWN) IVERSIONAL COUNTY AMME MIDDLE LAST Olszewski CASED EVER IN U.S. ARMED FORCES? INKNOWN) IVERSIONAL CAUSED BY: IMMEDIATE CAUSE (a) ATTERIOSCIETOTI DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL FEOF OPERATION 19b. CONDITION FOR WHICH OPERATION FERNAL CAUSE WAS YING OR BUTING CAUSE OF DEATH P.M. 19 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) VICE CURE OUR FOR THE PROPER ADMISSION 19 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) COURTED TO CHARLES IN JURY (AT HOME, STREET, FACTORY, FARM, ETC.) COURTED TO CHARLES IN JURY (AT HOME, STREET, FACTORY, FARM, ETC.) COURTED TO CHARLES IN JURY (AT HOME, STREET, FACTORY, FARM, ETC.) COURTED TO CHARLES IN JURY (AT HOME, STREET, FACTORY, FARM, ETC.) COURTED TO CHARLES IN JURY (AT HOME, STREET, FACTORY, FARM, ETC.) COURTED TO CHARLES IN JURY (AT HOME, STREET, FACTORY, FARM, ETC.) COURTED TO CHARLES IN JURY (AT HOME, STREET, FACTORY, FARM, ETC.) COURTED TO CHARLES IN THE ACCIDENT IN JURY (AT HOME, STREET, FACTORY, FARM, ETC.) COURTED TO CHARLES IN THE ACCIDENT IN JURY (AT HOME, STREET, FACTORY, FARM, ETC.) COURTED TO CHARLES IN THE ACCIDENT IN THE A	MARTIN 4. RACE	MARTIN HENRY OLSZEWSKI OF EATH MATER 14. RACE S. DATE OF BIRTH DATE DATE	MARTIN A RACE S. DATE OF BRIT T.A.	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 2b. HOUR . DECEASED NAME FIRST (TYPE OR PRINT) 2:35pm MARCH 21, 1984 OLSZEWSKI VIOLA M. IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH 3. SEX 4. RACE DEC. 24 1891 92 FEMALE WHITE BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE I STATE OR FOREIGN N.Y. MARRIED NEVER MARRIED U.S.A. BALTIMORE CITY WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126 KIND OF BUSINESS OR 18. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHURCH HOSPITAL CORPORATION BALTIMORE HOMEMAKER USUAL RESIDENCE (IF NURS NO HOME OR OTHER INSTITUTION 130. STATE 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 8402 COVE RD. BALTIMORE BALTIMORE MD. 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE KING ROSALIE UNKNOWN AD2R#613 17 INFORMANT 160' WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO EDISON HIGHWAY NO OR UNKNOWN) 215-09-2179 (DGHTR) GENEVIEVE JOHNSON 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARDUOPULMONAY ARREST DUE TO, OR AS A CONSEQUENCE OF CHRONIC RESPIRTORY FAILURE Conditions, if any, which ARTERIORCLEROTIC CARDIOVASCULAR gove rise to immediate cause (a) stating the RENAL FAILURE, MALNUTRITION underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206, IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 19 LIF FITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21ª PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 84 84 MAR. MAR 220.1 certify that (1) (this haspital) attended the deceased from, 84 and that in (my) (our) apinion death occurred on the date and have and from the causes stated abave, (1) we (did) did not) view the body after death 22c. DATE SIGNED 226. SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN CHURCH MA HOSPITAL 22d PHYSICIAN'S NAME (TYPE OF PRINT) BROADWAY BALTO. MD 21231 MUKESH LUHAR MD 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN STATE BURIAL BALTIMORE MD. 3/26/84 ST. STANISLAUS 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Schimunek Funerals Home, Inc.

3331 Brehms Lane, Balto, Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

DIRECTOR:

be detached to be State Dept.

should by

IMPORTANT: IF

hospital

burial,

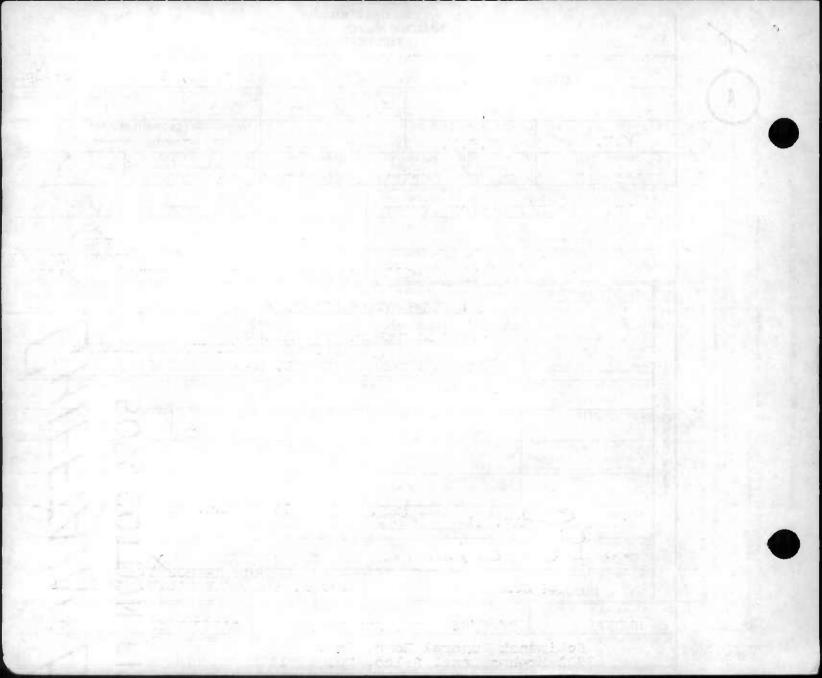
0 prior pee

shop

Hem 18

burial-transit pe

and Mental Hygie certificate



director, page 3 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 retained by the hospital or attending physician.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10. 0	7	26	1
ATE OF DEATH	MONTH	DAY	YEAR	2b

					CEKITE	ICATE OF DEATH		REG. NO.	100	
	CEASED NAME	FIRST	A	MIDDLE	L	AST	20 DATE OF	F DEATH MONTH	DAY YEAR	2b. HOUR
[1786	OR PRINT)	ARTHUE	R E	2	OR	FM		03-2	23-84	8:25a
3. SE)	X		4. RACE	, .	5. DATE C	OF BIRTH	6. AGE (IN)	(EARS LAST BIRTHDAY)	IF UNDER 1 YEA	
				* * 00 23	MONTH	OAY YEAR		0.0	MONTHS DAY	S HOURS M
_	MALE IRTHPLACE (STATE	TOTORION		HTE WHAT COUNTRY?	10		10 BAITIMO	82 YR		
	COUNTRY)	OR FOREIGN			MARRIE	D NEVER MARRIED	<u>'</u>			
-	MARYLAND			S.A.	WIDOWE			LTIMORE C		
	ITY OR TOWN OF I			H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WOR	OCCUPATION IX FOR MOST OF WORKING	G LIFE) INDUSTR	
-	BALTIMORE			ST. AGNE		PITAL	TRUCK	DRIVER	HEIN	Z CO.
130. S	AL RESIDENCE (IF N	URSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDECITY LIMITS	2 13e STREET	ADDRESS / ZIP CO	ODE	
	MARYLAND		IMORE	ARBUTU		YES NO		195 OAKLE		GE, 212
4. FA	ATHER'S NAME					15. MOTHER'S MAIDEN				
	SAMUEL		B.	OREM		MARY		PHOEBE		ILLIPS
	WAS DECEASED EV	ER IN U.S. AR/	MED FORCES?	16b. SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDRESS		.444
0	YES NO OR UNKNOWN)		E WAR OR DATES)	216-09-		RUTH E. ORI	EM APT.	195 OAKI	EE VILL	AGE, 21
	710	U	DUE TO, OF	R AS A CONSEOU	ENCE OF	et auch	L + M	19		
NO	Canditions, if a gave rise to cause (o), sto underlying car	immediate ating the use last.	(b)	r as a conseoul	DEATH BUT	Coronas Not related to the pook alam a	LS + MI Y WAL RMINAL DISE	If air	100	l(a)
TIFICATION	gave rise to cause (a), sta underlying car	immediate ating the use last.	DUE TO, OF	r as a conseoul	PO DEATH BUT Hy	1. 0	Zy wind ERMINAL DISE 200 AUTO YES	OPSY? 20b. IF	100	DINGS USED
CAL CERTIFICATION	gave rise to cause (0), sto underlying cal	immediate ating the use last. IGNIFICANT C RATION UNDERLYING CAUSE OF DEA	DUE TO, OF CONDITIONS CO	DINTRIBUTING, TO DEAD THE STATE OF INJURY M. MONTH D.	DEATH BUT	N WAS PERFORMED	20a AUTO	OPSY? 206. IF IN CER	GIVEN IN PART YES, WERE FIND RTIFYING CAUSI YES	DINGS USED ES OF DEATH? NO []
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remaye corban papers, with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TRAR	CERTIFICATE OF DEATH

1	- STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.	170	26:	5	
	CEASED NAME	FIRST T	. PHILI	POOVERBEC	K	AST		20. DATE OF DE	ATH MONTH	DAY	YEAR	26 HOU	IR
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	Male		Whi	te	MONTH	DAY 5	YEAR 90	93	YR	MONIH	S DAYS	HOURS	MIN.
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	altimore Ci		Meridian	HYSACenter-	Hamilto	6040 0040	Harfordell Ho, Hasiah	Jewel		IG LIFE) IN	IDUSTRY		
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	Maryland			Baltimor	e	YES X	NO 🗆	4222	Loch Ra	aven	Blvd	. 21	218
14. F.	ATHER'S NAME		AIDDLE	LAST		15. MOTHE	R'S MAIDEN NA/		IDDLE		LAS		1000
	-	Overbe		6701			Annie	Graf	IDDLE		(A)		
	WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORA	MANT		ADDRESS			.2.	1218
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	216-32-8	548	Mrs.	Nancy O	. Braeck	lein 4	208 T	och		
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DHMH - 16 50M 4/82 (VRA 15, 4)

ATTENDING PHYSICIAN:

IMPORTANT: If them 21 is marked or them 18 start

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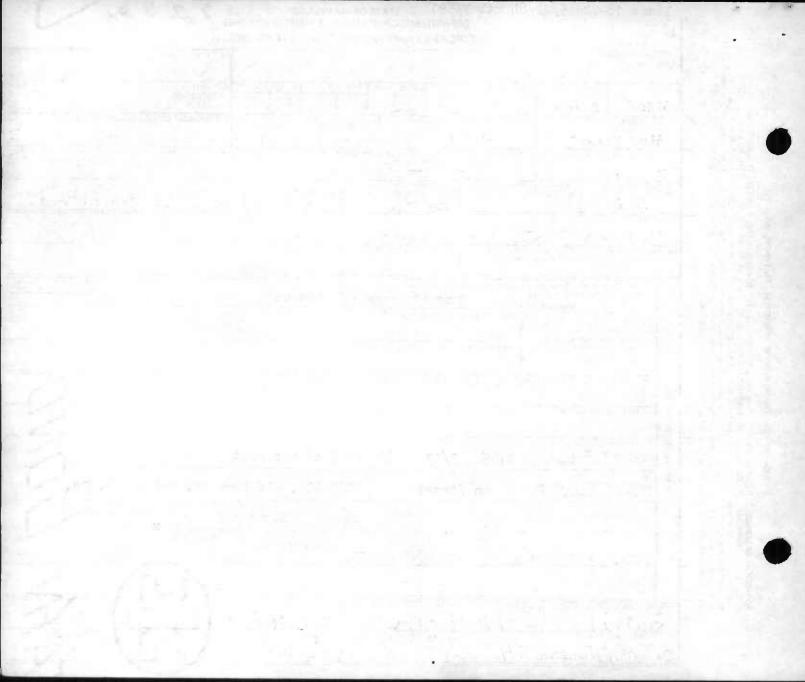
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A SECOND OF STREET STRE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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13a S	MD	NG HOME OR OT 136 COUNTY		130. SITY OR TO		13d. INSIDE CITY LIMITS?	130. STREET ADD		in	at st	21217
7	THER'S NAME FIRST Richard		DDLE	Bell		15. MOTHER'S MAIDEN N. FIRST Laura	MI	DDIE		Gree	n
	VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	N U.S. ARME (IF YES, GIVE W	VAR OR DATES)	16b. SOCIAL SE		17. INFORMANT Laura Berry	Baltimo			Pembrand 2	idge Ave
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion is should be detached for use as the burial-transit permit. Then please remove carbanappers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN; The low retained by the hospital or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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14. FA	THER'S NAME	11/2	11	3 -1		15. MOTHER'S MAIDEN N	AME				
	GABOR	MIC	DDLE	BO C	دما	FIRST		MIDDLE	Felo	genb	aum
160 V	VAS DECEASED EVER	IN U.S. ARME	D FORCES? 168	- 1	ECURITY NO.	17. INFORMANIALIS	lda band)	ADDRESS		_	
1	YES, NO OR UNKNOWN	(IF YES, GIVE W	VAR OR DATES)	13-3	4-1548	422.400	+LBERT	. 6810 6	Ross 60	MRY	BALI
	N/A 18. CAUSE OF DEA	L N/		(1)		I th the state	-11-20-1)	1	PPROXIMA	TE INTERVAL
	Conditions, if any gove rise to im couse (a), statiunderlying cous	mediote ng the	DUE TO, OR AS	Met	actol.	c Blen	et Cone	cwom	9		
ICATION	gove rise to im couse (a), stati underlying cous	mediote ng the e lost. NIFICANT CO	DUE TO, OR A	S A CONSE	QUENCE OF	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION SY? 20b. II	F YES, WERE F	FINDING	F DEATH?
RTIFICATION	gove rise to im couse (o), stoti underlying cous PART 2 OTHER SIG	mediate ng the e last. NIFICANT CO	(b) DUE TO, OR A: (c) NOTITIONS CONTINUE 196. CONDITIO	S A CONSE	QUENCE OF	ON WAS PERFORMED	MINAL DISEASE (200 AUTOP YES	OR CONDITION SY? IN CE	F YES, WERE F ERTIFYING CA	FINDING AUSES O	
CERTIFICAT	gove rise to im couse (a), stati underlying cous PART 2 OTHER SIG	mediate ng the e lost. NIFICANT CO	DUE TO, OR A: (c) NOTITIONS CONTINUE 196. CONDITION 216. TIME OF IN	S A CONSE	QUENCE OF	ON WAS PERFORMED	MINAL DISEASE (200 AUTOP YES	OR CONDITION SY? IN CE	F YES, WERE F ERTIFYING CA	FINDING AUSES O	F DEATH?
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CERTIFICAT	gove rise to im couse (a), stati underlying cous PART 2 OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTEY MEE 21d. INJURY OCCUI VIMILE 22a.1 certify that the	INTERCANT CO	DUE TO, OR A: (c) INDITIONS CONTINUE 19b. CONDITION 21b. TIME OF IN HOUR A.M. P.M. 21c. PLACE OF (AT HOME, STREET,	S A CONSE TRIBUTING DN FOR WH NJURY MONTH INJURY FACTORY, OFF	QUENCE OF TO DEATH BUT TICH OPERATIO DAY YEAR 19 ICE, FARM, ETC.)	216 HOW INJURY OCCL	ZOO AUTOP YES RRED (ENIER NATU	SY? 206. II IN CE INE OF INJURY IN ITEM	GIVEN IN PA F YES, WERE F ERTIFYING CA YES	FINDING AUSES O ART 2)	STAT
CERTIFICAT	gove rise to im couse (a), stati underlying cous PART 2 OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTEY MEE 21d. INJURY OCCUI VIMILE 22a.1 certify that the	INTERCANT CO	DUE TO, OR A: (c) INDITIONS CONTINUE 19b. CONDITION 21b. TIME OF IN HOUR A.M. P.M. 21c. PLACE OF (AT HOME, STREET,	S A CONSE TRIBUTING ON FOR WH NJURY MONTH INJURY FACTORY, OFF	QUENCE OF TO DEATH BUT TO DEATH BUT DAY YEAR 19 ICE, FARM, ETC.) MACE 9 4. 0	211. LOCATION STREET 19.84	200 AUTOP YES THE RRED (ENIER NATU	SY? 206. II IN CE INE OF INJURY IN ITEM	FYES, WERE FERTIFYING CA	FINDING AUSES O ART 2)	STATI
CERTIFICAT	gove rise to im couse (o), stoti underlying cous PART 2 OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING [] (IF EITHER NOTIFY MEE 21d. INJURY OCCUL WHILE NOT AT WOR	INTERCANT CO	DUE TO, OR A: (c) INDITIONS CONTINUE 19b. CONDITION 21b. TIME OF IN HOUR A.M. P.M. 21c. PLACE OF (AT HOME, STREET. ottended the decorate with the body often	S A CONSE TRIBUTING ON FOR WH NJURY MONTH INJURY FACTORY, OFF	QUENCE OF TO DEATH BUT TO DEATH BUT DAY YEAR 19 ICE, FARM, ETC.) MACE 9 4. 0	21c HOW INJURY OCCU	200 AUTOP YES THE RRED (ENIER NATU	OR CONDITION SY? 286. II IN CE NO CITY OR TOWN On the dote ond STAFF PHYSICIAN	FYES, WERE FERTIFYING CA	FINDING AUSES O	STAT
MEDICAL CERTIFICAT	gove rise to im couse (o), stoti underlying cous PART 2 OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MET 21d INJURY OCCU WHITE NOTIFY MET 22d. 1 certify that to sow the decea	INTERCANT CO	DUE TO, OR A: (c) INDITIONS CONTINUE 19b. CONDITION 21b. TIME OF IN HOUR A.M. POUR A.M. 21e. PLACE OF (AT HOME. STREET. (a) ottended the d ALL View the body oft 23b. DATE	S A CONSE TRIBUTING ON FOR WH NJURY MONTH INJURY FACTORY, OFF	QUENCE OF TO DEATH BUT TO DEATH BUT DAY YEAR 19 ICE. FARM, ETC.) TO MARKET TO DEATH BUT TO D	21c HOW INJURY OCCL 211. LOCATION STREET ATTENDING PHYSICIAN 22c. ADDRESS 22 S; CP PMETRY OR CREATION THE COLUMN INJURY OCCL 211. LOCATION STREET 212. LOCATION STREET 213. LOCATION STREET 214. LOCATION STREET 215. LOCATION STREET 216. ADDRESS 216. LOCATION STREET 217. LOCATION STREET 218. LOCATION STREET 218. LOCATION STREET 218. LOCATION STREET 219. LOCATION STREET 219. LOCATION STREET 210. LOCATION STREET 210. LOCATION STREET 210. LOCATION STREET 210. LOCATION STREET 211. LOCATION STREET 212. LOCATION STREET 213. LOCATION STREET 214. LOCATION STREET 215. LOCATION STREET 216. LOCATION STREET 217. LOCATION STREET 218. LOCATION STREET 219. LOCATION STREET 210. LOC	MINAL DISEASE 200 AUTOP YES RRED (ENIERNATU n deoth occurred MEDICAL DIRECTOR 4 4 5 5	OR CONDITION SY? 206. II IN CE NO D IN CE NO D STAFF PHYSICIAN ON TOWN RIOWN	FYES, WERE FRIFTING CA YES A 18 PART LORPA COUNTY TIME DE COUNTY	FINDING AUSES O	STAT STAT STAT STAT STAT STAT STAT STAT
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DHMH - 16 50M 4/83

(VRA 15, 4)

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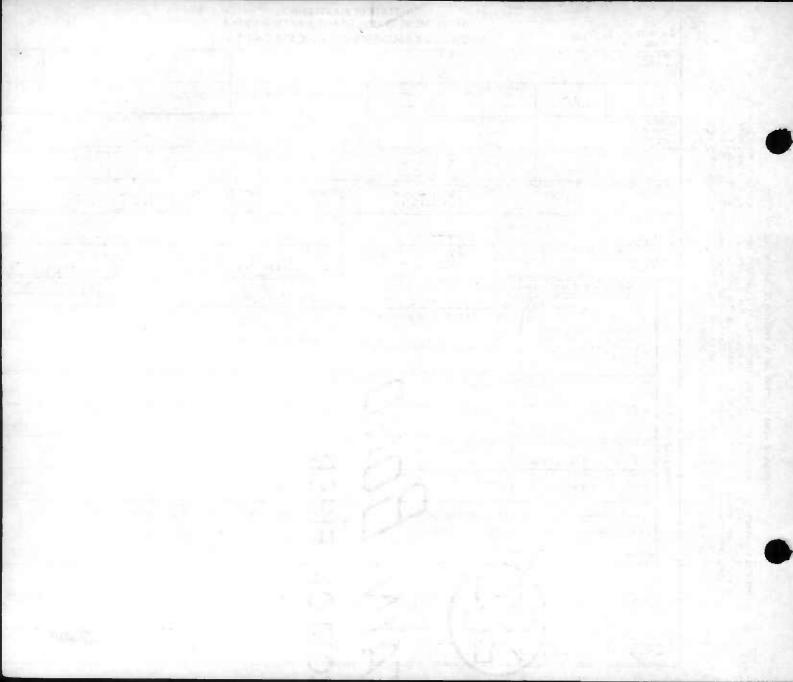
DHMH - 16 50M 1/81 (VRA 15, 4) FOR DEPARTMENT OF HEALTH AND MENTAL HYGI
STATE CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

F MARYLAND LTH AND MENTAL HYGIENE	0	7	2	1	É
ATE OF DEATH		DEC	NO		

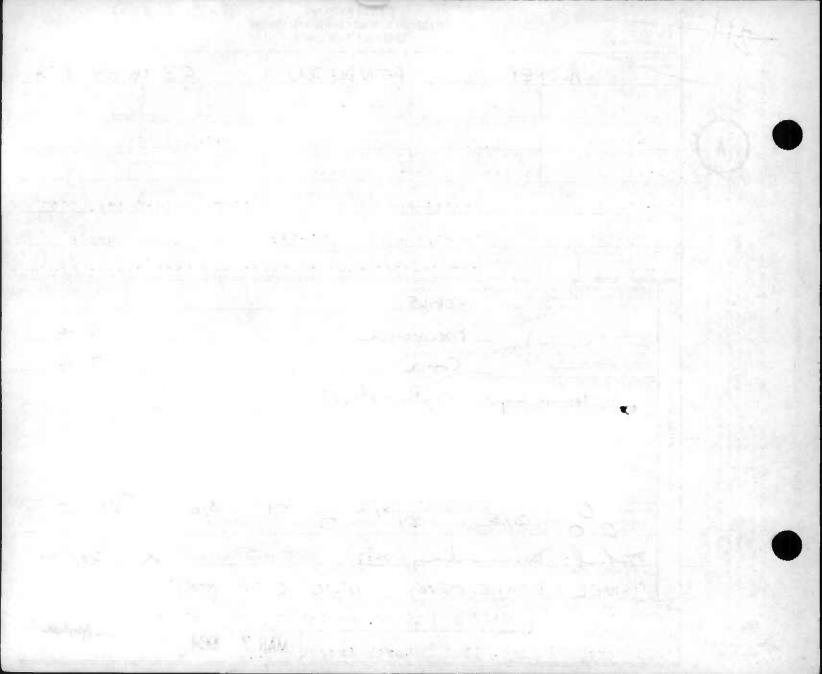
					REG. N	O.		
, Fi	DECEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 26 HO	UR A
П	(TYPE OR PRINT) HARR	U T	Pott.	43 Ca. 1 CT		3/21	184 11.	02 A
13	SEX	14 RACE	5. DATE OF BI	RSON SR	6 AGE (IN YEARS LAST BIR	(THDAY) IF L	UNDER I YEAR IF UNDE	ER 24 HRS
L			MONTH	DAY YEAR	4-0	MON		MIN.
1	Male BIRTHPLACE (STATE OR FOREIGN	Black	8	5 25	00	YRS		
ď	COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED X	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
1	Maryland	U.S.A.	WIDOWED	DIVORCED [C'.	14'		MD.
T	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS II		THER INSTITUTION	120 USUAL OCCUPAT	ION /	126 KIND OF BUSIN	JESS OR
4	BALTIMORE	LUTHERAN		AL	(TITE OF WORK FOR MOST C	A MORKING LIFE)	INDUSTRI	
1	JSUAL RESIDENCE (IF NURSING HOME OF			NICIDE CITY INVITED	In caper cooper			
λĺ.	Maryland	Baltim		INSIDE CITY LIMITS?	13e STREET ADDRESS 523 N.	Fulton	A == 0 2 ·	1 2 2 2
1	4 FATHER'S NAME	Datein		MOTHER'S MAIDEN N	AME	rulton	Ave. Z.	1223
7	FIRST	MIDDLE LAST		FIRST	MIDDLE		LAST	
+	Harry 60 WAS DECEASED EVER IN U.S. AR	Patter RMED FORCES? 166 SOCIAL SECT		Luvenia	ADDRE		Jackson	
Г	(YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)						
L	YES	1220-12	-7998	Emma J. P	atterson !	523 N.		
Г	18 CAUSE OF DEATH Enter or	nly one couse per line (pr (a), (b), ar	d ici.iii	- 1	1		APPROXIMATE INTO	D DEATH
П	PART I. DEATH WAS CAUSE	TE CAUSE (a)	1000	mic su	ock			
П	4180	DUE TO, OR AS A CONSEQU	ENICE OF	120				
П	Conditions, if ony, which	DUE TO, OR AS A CONSECU	To 7	NI				
П	gave rise to immediate	16)		7,42				
П	cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF				- 100	
П		(c)						
L	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TER.	MINAL DISEASE OR CON	DITION GIVEN	IN PART Ira	
4	GOPD - 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	wir ruch	ichai	2				
	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W.	AS PERFORMED	20a AUTOPSY?		ERE FINDINGS USE G CAUSES OF DEA	
1					YES NO	YES [] 00	
	T		AY YEAR	HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	OR PART 2)	460
	(IF EITHER NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED	6111	19					
П	21d INJURY OCCURRED	21e. PLACE OF INJURY		LOCATION	CITY OR TO		COUNTY	STATE
1	WHILE NOT WHILE	(AT HOME, STREET FACTORY OFFICE I	FARM, ETC)	ZIMEEL	CITY OR TO	MM	COUNTY	STATE
П	220.1 certify that (I) (this hospi	ital) attended the deceased from_		. 19	to	. 19	, that (I)	(we) lost
1		n			death accurred an the do			
Т	abave, (I) (we) (did) (did no	ot) view the bady after death.	DEG					
П	MILLIATI	MITUR	mr	ATTENDING	MEDICAL STAF	FF	22c. DATE SIGNED	011
4	1000. 7 12	the ref	, ,	PHYSICIAN	DIRECTOR PHYSIC		5/4/0	34
ı	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e	ADDRESS ///T	15011 11	SPIT	11	
L	1314 T	DUNG		Lail	4 CTCHW ME	187 11	77	
2:	30 BURIAL, CREMATION, REMOVAL		NAME OF CEME	TERY OR CREMATORY	23d. LOCATION			
	BURIAL	3/23/84 G	arrison	Forest	VA Owing's	Mills) YINU	I'd'.
24	FUNERAL DIRECTOR			256	TERECONNY REGISTRAR	25% REGISTRAF	S'S SIGNATURE	
V	Vm C March F/H	Inc. 1101 E	North A	venue E	B-0.0 4004	Lulia Dow	idron-Rando	00_
-					0 44 1904			





(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



(VRA 15, 4)

1	FOR - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	IENE 0 7 2 7	1
	ECEASED NAME FIRST PE OR PRINT) SENNI	E M. PE	RRY	20 DATE OF DEATH MONTH DAY	20 TOOK
3. SI	EX	4 RACE 5. DATI	E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR OF UNDER 24 HRS
	Female	Black 2	15 11 1 FAR	73 _{YRS}	
70.1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) C.	TICA	NED NEVER MARRIED	BALTIMORE CITY OF COUNTY O	F DEATH MD.
	ALTIMORE	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Provident Hospi	e or other institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
USU 13a	JAL RESIDENCE (IF NURSING HOME OF STATE 13% COL	OROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION INTY 13¢ CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES 🔯 NO 🗌	13. STREET ADDRESS / ZIP CODE 1703 E. Chase	St. 21213
60	ATHER'S NAME Will	Perry Perry	15. MOTHER'S MAIDEN NAM	ME MIDDLE Bunr	last
160	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)		ADDRESS	3.1 61-
1	No	N/A	Goldie Darc	den 2609 E, Mac	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Not	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO OR AS A CONSEQUENCE OF	VASCULAR	INAL DISEASE OR CONDITION GIVEN	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH? NO []
MEDICAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETTHER, NOTIFY MEDICAL EXAMIN 71d. INJURY OCCURRED		AR .	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	T I OR PART 2)
MED	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive of above, (1) (we) (did) (did notes) 22b. SIGNATURE	pital) attended the deceased from	and that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	death occurred an the date and hour of MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED
7	KRISHAN	MATHUR	BALTIMO		5.21215
230	BURIAL CREMATION, REMOVA (SPECIES) Burial	L 23b. DATE 23c. NAME O	more Cem.	Baltimore	COUNTY MD TATE
83	FUNERAL DIRECTOR	F/H 1101 E. Nort	h Aye,	EXEC DZYTYE COSA 256 REGISTA	ARIGOGRAT (Abroalle

DHMH - 16 50M 4/83 (VRA 15, 4)

1	1 - STATE REGISTRAR	DEPAR	CERTIFICATE O	F DEATH	REG. NO.		
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE .	Petty S. DATE OF BIRTH		a. DATE OF DEATH M	3 21 8	1 0
	3 SEX	В	2 -1	2-08 YEAR	76	YRS.	DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIEX NEVE	R MARRIED	BALTIMORE CITY OR BALTIM		MD.
,	BALTIMORE	11. NAME OF HOSPITAL, NURS		NSTITUTION	THOMEMAKER	WORKING LIFE) 12b. KII WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
	USUAL RESIDENCE (IF NURSING HOME OR 130, STATE 130, COUN MARYLAND	OTHER INSTITUTION, GIVE RESIDENCE BEF TY 13c. CITY OR TO BALTIM	ORE YES X	NO 🗌	3e STREET ADDRESS /	ZIP CODE	21217
	ALBERT	AIDDLE EAST FAIN	IS	ER'S MAIDEN NAME FIRST MILLIF	MIDDLE		BÜSH
	160. WAS DECEASED EVER IN U.S. ARA	wed FORCES? 166. SOCIAL SE 216-21		ORGE PETT	y 1916 RIG	GS AVENUE	
	18 CAUSE OF DEATH (Enter online PART I, DEATH WAS CAUSED IMMEDIAT	ly one couse per line for (a), (b), DBY: E CAUSE (a)	ac Acre	54		BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF THE CONSECTION OF T	1 Failur	٩			
	PART 2. OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ONDITIONS CONTRIBUTING T	er and home	205	200 AUTOPLY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA	INDINGS USED
1	OR COLUMNIC CALIFFORNIA	TH HOUR A.M. MONTH		V INJURY OCCURRE	D (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR PAI	RT 2)
	OK CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC) 211 LOCA	ATION REET	CITY OR TOW	VN COUN	TY STATE
	220.1 certify that (1) (this hospit sow the deceased alive on, above, (1) (we) (did) (did no	19		my) (our) apinion de	_, to	te and hour and from	, that (I) (we) last in the couses stated
	22b. SIGNATURE 22d. PHYSICIAN'S NAME LIVE O	Rehards mg	DEGREE		MEDICAL STAFF DIRECTOR PHYSICI	F 3	121/84
	Mark E	Richards					
	BURIAL CREMATION, REMOVAL	3/24/84 25	King Mex	norial Pk	Baltimo	The County	ty, Mid
	LEROY O. DYFTT	R. SON /IGOO . TO	s	250. D'ATE		registrar's sk	Mandall .

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A 5 72 /6 E Reducations are the second day the second to the second and S/21/24 The subsection & doubled I would Para As I Zimby King Mammal Pt. Cartimise btA.

ly filled in by the funeral director, page 3 should be filed within 72 hours after death

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MEDICAL

	STATE OF MA
FOR TATE	DEPARTMENT OF HEALTH A
- STAIE	CEDTIFICATE

BALTIMORE

(TYPE OF WORK FOR MOST OF WORKING LIFE)

CITY OR TOWN

12a. USUAL OCCUPATION

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME PIRST	rid MIDDLE	Phillips	20. DATE OF DEATH MONTH DAY YEAR 3/84	26. HOUR 5
SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEA	R IF UNDER 24 HRS
		MONTH DAY YEAR	MONTHS DAY	HOURS MIN
Male	Black	10 25 1900	8.3 - YRS.	1000
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH	7 110
S. Carolina	U.S.A.	WIDOWED TO DIVORCED	BAITIMODE CITY	M

ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE BALTIMORE CITY HOSPITALS

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 130. STATE GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21213 Baltimore Maryland NO [

WIDOWED

14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Phillips Julius Manda 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 17. INFORMANT

(YES, NO OR UNKNOWN) NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE

Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF

underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

NO [NOF YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21L LOCATION NOT WHILE

220.1 certify that ((this hospital) Intended the deceased from saw the deceased alive on abov (1) we) did (1) did not) view the body ofter death.

22b. SIGNATURE in (my) (our) opinian death accurred on the date and hour and from the causes stated and that

DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN

224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS

230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE BURIAL 4/4/84

Baltimore, Eastview Mem. Pk.

Md STATE

COUNTY

STATE

12b. KIND OF BUSINESS OR

INDUSTRY

24 FUNERAL DIRECTOR

256 DATE REC'D. BY REGISTRAR SWREGET RATES SIGNAMON AND STREET SWREGET RATES SIGNAMON AND SWREGET RATES SWREGET RATES SIGNAMON AND SWREGET RATES SWR C March F/H Inc, 110f E North Avenue

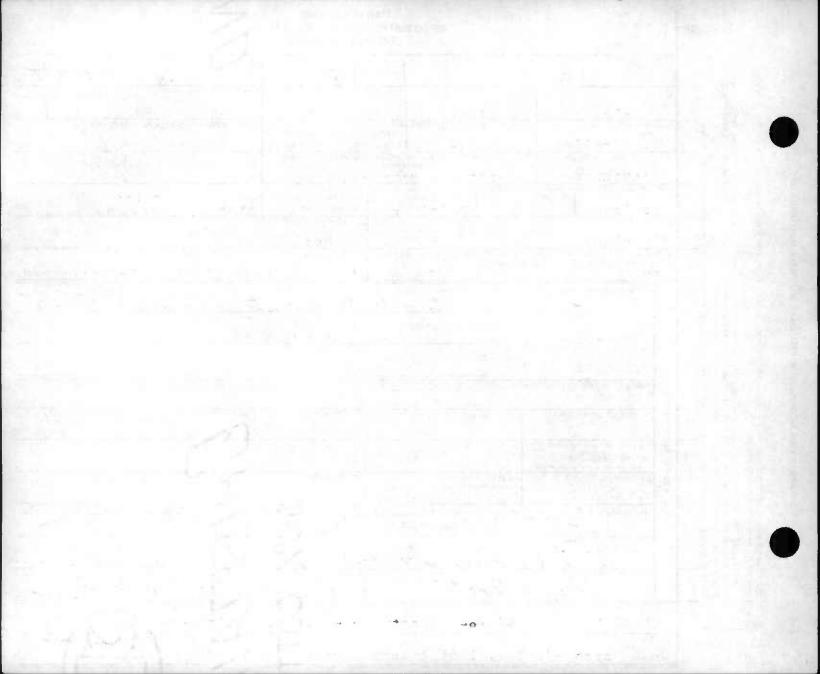
DHMH - 16 50M 4/82 (VRA 15, 4)

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O FUNERAL DIRECTOR:

should be detached with the State Dept.

MPORTANT



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DHMH - 16 50M 4/83 (VRA 15, 4)

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DEPARTMENT	OF	HEALTH	AND	MENTAL	1

HYGIENE CERTIFICATE OF DEATH

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7	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL		NE REG. NO	do V		
V		CEASED NAME FIRST		MIDDLE	Ĺ	AST	1 2		ONTH DA	Y YEAR	26 HOUR
1	10	PAT		c.	PIETR	ROGALLO		MARCH 01	. 198	4	09:41A
Ħ	1. SE)	X	4. RACE		5. DATE C	OF BIRTH		. AGE (IN YEARS LAST BIRTH	DAY) I	F UNDER 1 YEAR	IF UNDER 24 HRS
+	Ma	le	White		MONTH	28 19		65	YRS	ONTHS DAYS	HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8.		0	BALTIMORE CITY OR		OF DEATH	
7,	Mi	chigan	U.S.A		WIDOWE	DX NEVER MARRIED		BALTIMOR	е стт	V	MD.
0		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	N I	20 USUAL OCCUPATIO	Ν	126. KIND O	F BUSINESS OR
44		ALTIMORE	THE JO	HEACILITY, GIVE STREE DHNS HO	PKINS	HOSPITA		Salvage D		1	lotors
ξ.	30. S	AL RESIDENCE LIF NURSING HOW OF	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	136 INSIDE CITY LIMIT	ITS? 1:	3e STREET ADDRESS /	ZIP CODE		
2	Ma	ryland Bal	timore	Dundal	.k	YES NO X		83 Wise A		21	.222
7	A. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDE	NNAME	WIDDLE		LAST	
C	Ch	arles		Pietrog	allo	Mary				Chest	
岬		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRES	S Sa	ame as	13e
4	Ye		II	378-12	-1814	Frances	C.	Pietroga.			
	100	18. CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE	ly ane cause per							APPROXI BETWEEN C	MATE INTERVAL
23	8		IE CAUSE (a)	CARDI	X AR	REST				MIN	475
90	96	4100	DUE TO, O	R AS A CONSEQU	JENCE OF			10. 4		21	
瓣	8	Canditians, if any, which	(b)	MYOCA	HRDIM	L INFAR	CTIC	N		3 de	45
277		cause (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQU		ARTERY	Dis	ENSE		Yea	23
	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR COND	TION GIVE	N IN PART I I	
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED				WERE FINDIN	
0	CERT	21a ACCIDENT WAS UNDERLYING				21c HOW INJURY OF	CCURRE	D (ENTER NATURE OF INJURY			10 []
1	1.77	OR CONTRIBUTING CAUSE OF DEA									
60	MEDICAL	(# EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE		19	211 LOCATION					
	M.	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE	FARM ETC)	STREET		CITY OR TOW	4	COUNTY	STATE
97		22a.l certify that (1) (this haspi		e deceased from		20 19_	84	, to 3/1		84	hat (1) we) last
8		saw the deceased alive an above, (1) (we) (did) (did no		after death.	84 . ar	nd that in (my) (aur) ap	oinian de	ath accurred on the dat	e and haur	and from the o	causes stated
3		22b. SIGNATURE	0	0.		DEGREE ATTENDI	ING	MEDICAL STAFF		22c DATE	SIGNED
7		22d, PHYSICIAN'S NAME (TYPE O	O PROVIDE	weary		PHYSICI/	IAN 🗌	DIRECTOR PHYSICIA	M []	21.1	
		THOMAS O		ERS		JOHNS	Itof	PKINS HOSI	PITTAL	_	
	23a. B	URIAL, CREMATION, REMOVAL		1	NAME OF C	EMETERY OR CREMATE	ORY	23d LOCATION		COUNTY	STATE
	Bu	rial	3/5/:	1984	Oak I	awn		Baltimo:	re		aryland
	24. FU	JNERAL DIRECTOR Duda-	Ruck,	Inc.			a DATER		MEGAIR	ARIS SIGNADI	IRE A CE
	79	22 Wise Aven	ue Di	ındalk,	MD.	21222 N	MARS	198年。計	1000	ason-pla	palle



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ы		REGISTRAR				CERTIF	ICAIL OI DEATH		REG. NO.		4000
		CEASED NAME OR PRINT)	FRÄNK	T	AIDDLE	Pİ	ETSCH		13,198	DAY YEAR	26. HOUR 5:30A M
1	3. SEX			4 RACE		S. DATE (DAY YEAR		ARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
1	-	Male		White		Dec	cember 3, 1916		YRS		
1		RTHPLACE (STATE	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	PHENT !	TMORECOL	HY OF DEATH	
1		Maryland	7	U.S.A		WIDOWE		1974			MD.
10	10. CI1	TY OR TOWN O	FDEATH				OR OTHER INSTITUTION		CCUPATION		OF BUSINESS OR
	1	BALTII		JOHNS		IS HC	SPITAL	1	for most of working red Sales		uto)
1	13a. S	AL RESIDENCE (# TATE aryland	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	'N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌		DDRESS / ZIP CO		21206
1	14. FA	THER'S NAME FIRST Konsta		WIDDIE	Pietsch		15. MOTHER'S MAIDEN NAME FIRST Antoinett		MIDDLE	Sinkus	ısı
Ť		AS DECEASED			16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
	{Y	NO OR UNKNOW	N) (IF YES, GIV	E WAR OR DATES)	217-09-	-5906	Mrs Marie E	Fenhag	gen	Same I	As 13e
THE RESERVE AND ASSESSMENT OF THE PERSON OF	Addition of the same	Conditions, if gove rise to cause (a), underlying c	ony, which immediate stating the couse lost.	D BY: TE CAUSE (a) DUE TO, OI (b) DUE TO, OI (c)	EAT ATTOP	ENCE OF	ary arrest meanchion NOT RELATED TO THE TERM	IINAL DISEASE	OR CONDITION (10	days
7	CERTIFICATION	19a DATE OF OF	PERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		YES, WERE FINDI	
1	CER	21a. ACCIDENT W		216. TIME O		AV VEAD	21c HOW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
1			CAUSE OF DEA	VIII.	M. MONTH DA	AY YEAR					
3	MEDICAL	21d. INJURY OC	CLIRRED	21e. PLACE		19	211 LOCATION				
1	ME	WHILE N	OT WHILE		EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
	(65)	AT WORK	AT WORK			10.00	175 511	00	12	26	
1		22a. I certify the	of (1) (this hospi	tal) ottended the	e deceosed fram	Marc			arch 13	_, 19_84,	that (1) (we) last
1	953	abave, (1)	we) (did) (did no	March 13	ofter death.	, 01	nd that in (my) (our) apinian	death occurred	an the date and h	naur and fram the	causes stated
1	39	22b. SIGNATUR	1-11	10.0	1	10.50	DEGREE				ESIGNED
1	933	m	echow	Schund	le-		MO ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	3-13	3-84
٦		22d. PHYSICIAN	'S NAME (TYPE C	R PRINT)			22e. ADDRESS 601 N	BROA	DWAY		
	-0	MICHA	HEL S	HINDLE	ER M	10	Johns H	dopkins	Hospit	al Bal	timore
		URIAL, CREMAT	ION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCA	TION	COUNTY	STATE
	(:	Burial		3/16/	'84 H	oly R	edeemer			aryland	STATE
-	24 FU	JNERAL DIRECTO	OR .					E REC'D. BY RE	GISTRAR 25h. REG	ISTRAB'S SIGNA	TURE
		Leonard	d J Ruck	Inc.	Baltimore	e. Ma		AR 1 4	1081 rul	ia Davidson	-Handell
_l					0711107	- / 1201	- grana	HI 14	1304		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDIN

BP.

TO FUNERAL DIRECTOR, after this certificate has been lighed by the ottending should be detached for use as the burial-transit pean. After his best nemave care with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re IMPORTANT: If them 21 is marked or them 18 the contribute, or other traumatic expension.

march 13, 1900 20C:cry, or ather troumotic event, t

STATE OF MARYLAND

ŧ	1.	STATE	DEPAK	IMENI OF H		GIENE				
I		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	Ю.			
Ì		EASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	26. HOUR
Ì	(TYPE (CORA	۸ ۵۲	TCHFO) RD		0.3	09	84	4:15R
ł	3. SEX		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI		IF UND	DER I YEAR	IF UNDER 24 HRS
ı		B 1 .	n11-	1 1	1 DAY YEAR 10 19	6.4		MONTHS	S DAYS	HOURS MIN.
1	2a R10	Female RTHPLACE (STATE OR FOREIGN	Black The CITIZEN OF WHAT COUNTRY			D DALTIMORE CITY (OR COUN		EATH	
₹	C	OUNTRY}		MARRIE	D NEVER MARRIED	BALTIMO		CIT		
4		Virginia IV OR TOWN OF DEATH	U.SA 11. NAME OF HOSPITAL, NURS	WIDOWE		120. USUAL OCCUPAT		120	KINDO	MD. OF BUSINESS OR
1	97	ALTIMORE	THE JOHNS						IDUSTRY	
4	1				10 11001 1111					
1	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c, CITY OR TO	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS				21217
I	Ma	ryland	Balti	more	YES 🔀 NO 🗌	2226 Dru	id F	1i11	Av	e,2F100
1	4. FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN N.	AME			LAS	ST.
1	/	James	Pitch	ford	Blanche			Т		pson
1		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC		17. INFORMANT	ADDR	ESS			<u> </u>
١	{Y	ES, NO OR UNKNOWN) (IF YES, GA	2 2 9 - 1 6	-5737	Raymond L	Ditabfor	a 15	7 /1 /1	Ν.	Chester
ı					raymond L	FILCHIOL	<u>u 1</u>	1	APPROXI	IMATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUSE	W = 2 2 1 1 2	Os A	Deil				BEIWEEN	JUSEI AND DEATH
I		IMMEDIA"	TE CAUSE 10) SPRILLO	104 9	113002	-		\rightarrow	i	
ı		1770	DUE TO, OR AS A CONSEQ		in PNEUMar	A FU			1	ok
ı		Canditions, if any, which gove rise to immediate	(b)	SPIRATIO	IN / localities	0		-+	1000	
ı		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	UENCE OF	(1) 1, No of	Phylony			50	naght
1			((0) > 7,0,0	mous	Cel lavre o	MANN) /	1100140
Į	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	1DITION (SIVEN IN	PART 1re	0
	ğ	Inw serim	+ lugnestur				_			
1	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?				OF DEATH?
	E	798181	Flagment of A	eech mi	2 Cashosials	YES NO		YES 🗌		NO 🗌
1	8	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE	DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJ	JRY IN ITEM 1	8 PART I O	OR PART 2)	
ı	.AL	OR CONTRIBUTING CAUSE OF DE.	AIR	19						
ı	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR T	OWN	(OUNTY	STATE
ı	*	AL WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	SIRCE	1 -110	11			/
ı			ital attended the deceased from	n 3/3/	19 8	4 to 3/9/8	7	. 19	84	that (1) (we) lost
1		saw the deceased alive on	19/84 19	1 1	nd that in (my) (aur) opinio	n death occurred on the o	dote and h	nour ond	from the	couses stoted
	1 1	77h SIGNATURE	of view the body after death.		DEGREE			7	22c DATE	SIGNED ,
		monde	Tank MA		ATTENDING	MEDICAL STA	AFF	1	3/2	104
+		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIAN 22e. ADDRESS	-) /	CIANU		-11	15
		Marie	IM MARINE)	Trans las	plane Noch.	1	7111	PI	110
-	_	1.19 61 >- 1	INTINKUM IN	J	1001/12 110	KKINZ II.		U-1/1/	VA	117
		surial, cremation, removal SPECEFYI BURIAL			EMETERY OR CREMATORY	CITY OR TOWN		cou	YTAL	STATE
	B	UKIAL	3/14/84	Easty	iew Mem Pk.	. Baltimo	re,			Md.

DHMH - 16 50M 4/83

ould be detached to the the State Dept. of MPORTANT: If he

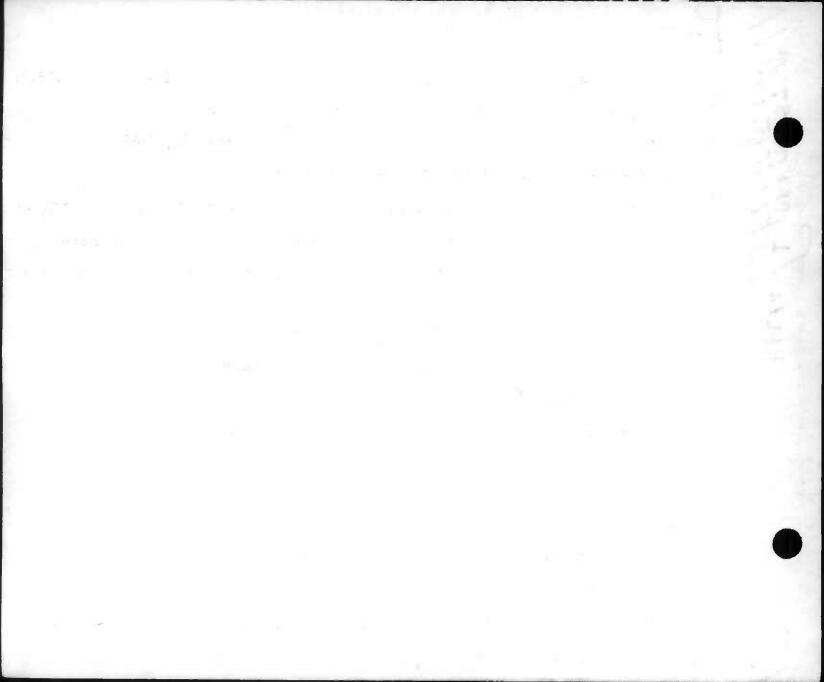
(VRA 15, 4)

|Baltimore,

24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 E North Avenue

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

NAAR 1 3 10RA July Davidson-Randelle



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

executed within 24 hours after

1	_	FOR STATE	
ŀ	_	DECISTRAD	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	3	8	in

1.	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
	ECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(111	CORPRINT	Norm	an		P	ittman	03/05/	84	- 34	1:40
3. SE	X	4	I. RACE		S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR
	Male		B1a	ck	9	2 04	79	YRS.	MOITING DATS	TICONS MI
70. E	SIRTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY	8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
1	N. Caroli	na	U.S.	Α.	WIDOW		900 N . I	ore C	itv	,
10.0	ITY OR TOWN OF DE		1. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	ATION	12b. KIND O	F BUSINESS C
	Baltimore				_	ns Hospital	(TYPE OF WORK FOR MO	T OF WORKING L	(FE) INDUSTRY	
	JAL RESIDENCE (IF NUR	SING HOME OR C		131. CITY OR TOV		1136. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP COD)F	
M	arvland			Baltin		YES X NO	2044 E.			2121
	ATHER'S NAME					15. MOTHER'S MAIDEN N	AME			
1	FIRST B o re re sz	M	NDDLE	Pittma	n n	Emma	MIDDLE		Ant	hony
160	Barry WAS DECEASED EVER	IN U.S. ARA	AED FORCES?	16b SOCIAL SEC		17. INFORMANT	ADI	DRESS	1111 0	Hony
	(YES, NO OR UNKNOWN)		WAR OR DATES)				00/	/. TP	n: 111 -	Chron
	NO					Gladys Pi	ttman 204	4 E.		
	18 CAUSE OF DEAT PART I. DEATH V	H (Enter only	y one couse per	line for (a), (b), a	nd (c).)	Λ)			44	MATE INTERVAL ONSET AND DEAT
	PARTI. DEATH V		CAUSE (o)	Keapin	ating	Arrest			50	ninule
	0329		DUE TO O	R AS A CONSEQU	IENCE OF			1	2	1 .
	Conditions, if any	, which	(,6)	Adult	200	piratay Di	otress sy	ndian	NAW	ecks
	gove rise to im	mediate) (5)_				- ()			1
1	underlying cous		DUE TO, O	RASA CONSEQUE					du	eeko
	DART 2 OTHER SIG	NIEW ANT C	ONIDITIONS C			NOT RELATED TO THE TER	MINIAL DISEASE OF CO	NDITION GI	VENINI PART 1	
Z	PART 2. OTHER SIG	Cox	, .	e Hea	4 7	Fail O	MINAL DISEASE OR CO	JADII OI OI	VEIN IN LAKE III	
CERTIFICATION	19a DATE OF OPERA	TION	The state of the s	- FOR	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	120h JE YE	S, WERE FINDIN	JGS LISED
1 2		84	7			DEON	200 AOTOTOT	IN CERTI	FYING CAUSES	OF DEATH?
크를	1 1			angre	ne	C) 1001	YES NO		ES 🗌	NO 🗌
7.1	OR CONTRIBUTING		21b. TIME C		AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF II	JURY IN ITEM 18	PART 1 OR PART 2]	
K	(IF EITHER NOTIFY MED		n .	M. N/A	19	NOT AD	plicable (1	1/A)		
MEDICAL	21d. INJURY OCCUP			OF INJURY		211. LOCATION	CITY OF	TOWN	COUNTY	STATE
Z	WHILE NOTW	HILE	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC.)	SIREE! N/A	Citto	10414		317.16
			-1) -11	n deserted from	3/7	187 10 89	37	_	10 84	that (I) (we) li
	220 I certify that (I		140	5 10		nd that in (my) (our) opinio	o depth occurred on the	data and ho		
	obove, (I) (we)	(did) (did not		ofter death.	, 0		in death occurred on the		The state of the s	The second secon
	226. SIGNATURE	0	^	Λ		DEGREE	MEDICAL		Mr. DATE	- /GU
	Con	neli	us 4.	Janse	24-	MD ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	3/	107
	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e. ADDRESS			1	1
	CORI	VELIL	is I	. JANS	EN	JOHN	S HOPKI	NS	HOSP,	TAL
23a.	BURIAL, CREMATION	, REMOVAL	236. DATE			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	CTATE
	BUKIAL		3/10/	84 F	amily	Plot Cem.	Tiller	у,	COUNTY	N , $C^{\mbox{\tiny STATE}}$
	FUNERAL DIRECTOR						ATE REC'D. BY REGISTR	AR 256 REGIS	TRAR'S SIGNAT	Menda 90
To	m C Marc	h F/H	Inc	1101 TH	Nort	h Avenue	MAR 7 198	Julia	Davidon-	Market
4.4	in o marc	11 2 / 11	TILC.	TTOT 13	TAOT	II ALYCIICE	MINI I	1//		

DHMH - 16 50M 4/83 (VRA 15, 4)

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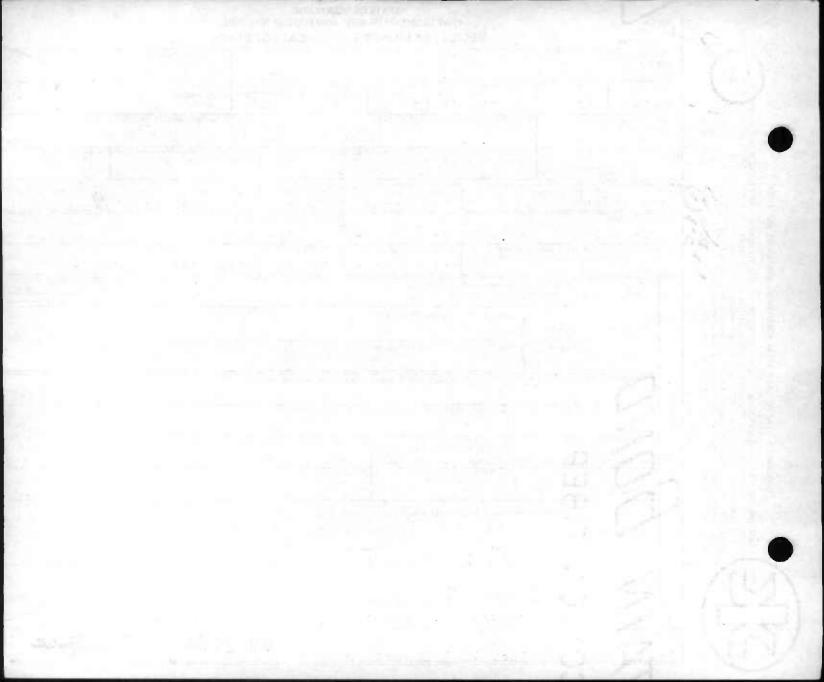
	REGISTRAR ELE	EANOR		INGRATZ	5	AST	REG. N 20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
		/EDA		1	ONG			03-1		4:28
3. S		4. R/	ACE		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24
20	BIRTHPLACE (STATE OR FO	71. (White	HAT COUNTRY?	0,	8-16-00	9. BALTIMORE CITY	YRS.	OSDEATH	
14	COUNTRY)				MARRIE	D NEVER MARRIED	5		OF DEATH	
10.	Pennsylvani CITY OR TOWN OF DEAT	TH 11.	U.S.A		WIDOWE NG HOME O	DR OTHER INSTITUTION	120 USUAL OCCUPAT		1126 KIND C	ABUSINES
41	Boltima		(IF NOT IN SUCH F	FACILITY, GIVE STREET	ADDRESS)	ral Hospital	(TYPE OF WORK FOR MOST O		FE) INDUSTRY	th Ca
US	UAL RESIDENCE IN NURSIN	NG HOME OR OTHE	ER INSTITUTION, GI	IVE RESIDENCE BEFORE	E ADMISSION)			. 7.7 000		LUII GO
15	Maryland	13b. COUNTY		Baltimor		13d. INSIDE CITY LIMITS?	301 McMeci	zip cobe	reet	2121
	FATHER'S NAME	WIDDI		LAST		15 MOTHER'S MAIDEN NA	ME			
2	Granville		odey	Brubak	cer	Ida FIRST	Marie		Si	toner
160	WAS DECEASED EVER IF			166. SOCIAL SECU		17. INFORMANT	ADDR	ESS 1800	Edmond	dson A
160.	No No	JP TES, GIVE WAI	K ON DATES]	066-16-	-7619	Vivian A.	Dixon - Ca			
	18 CAUSE OF DEATH	(Enter only or	ne couse per lii	ine for (a), (b), and	d (c)				BETWEEN	MATE INTERVA
	PART I. DEATH WA	AS CAUSED BY		isrdio	Pu	Imonom!	Prrest			
	41981	MADAICE	1000 10,							
	1/00		DUE TO OR	AS A CONSEQUE	SNICE OF					
	Conditions, if any,		DUE TO, OR	AS A CONSEQUE		Interior (talonstad .	ZH.		
	Conditions, if any, gave rise to immercause (a), stating	which nediote	(p)	cxtene	give	Interior	- Onterolot	ZM		
		which nediote	(p)	AS A CONSEQUE	ENCE OF		- Anterolat	ZH		
	gove rise to imme couse (a), stating underlying couse	which nediote g the last.	DUE TO, OR A	AS A CONSEQUE	ENCE OF		es-			
	gove rise to immercouse (o), stoting underlying couse PART 2. OTHER SIGN!	which nediote g the last.	DUE TO, OR A	AS A CONSEQUE	ENCE OF	tery dis	es-			
CATION	gove rise to immercouse (o), stoting underlying couse PART 2. OTHER SIGN!	which dedicate g the last.	DUE TO, OR A	AS A CONSEQUE	ENCE OF	tery dis	es-	NDITION GIV	VEN IN PART IN	NGS USED
TIFICATION	gove rise to immercouse (o), stoting underlying couse PART 2. OTHER SIGN!	which dedicate g the last.	DUE TO, OR A	AS A CONSEQUE	ENCE OF	HELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YES	/EN IN PART In	NGS USED
CERTIFICATION	gove rise to immer couse (o), stoting underlying couse PART 2. OTHER SIGN! 190 DATE OF OPERATI 21a. ACCIDENT WAS UNDER	which sediote g the last. HEFCANT CON	DUE TO, OR A (c1 DIT IONS CON 196 CONDITI	AS A CONSEQUE AS A CONSEQUE OTO NO TRIBUTING TO E ON FOR WHICH INJURY	ENCE OF DEATH BUT	HELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSY? YESTEN NO	20b. IF YES	/EN IN PART III	OF DEATH
AL CERTIFICATION	gove rise to immercouse (a), stating underlying couse PART 2. OTHER SIGN. 19a DATE OF OPERATI 21a. ACCIDENT WAS UNDER	which sediote g the last. IIFICANT CONI INFERITION AUSE OF DEATH	DUE TO, OR A (c) DIDITIONS CON 196 CONDITION 216. TIME OF HOUR A.M.	AS A CONSEQUE AS A CONSEQUE NIRIBUTING TO E ON FOR WHICH INJURY MONTH DA	ENCE OF DEATH BUT OPERATION AY YEAR	NOT RELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSY? YESTEN NO	20b. IF YES	/EN IN PART III	OF DEATH
	gove rise to immercouse (a), stating underlying couse PART 2. OTHER SIGN. 19a DATE OF OPERATI 21a. ACCIDENT WAS UNDER	which sediote g the last. UIFICANT CON! ION ERLYING AUSE OF DEATH AL EXAMINER)	DUE TO, OR A (c1 DIT IONS CON 196 CONDITI	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO D ON FOR WHICH INJURY MONTH DA	ENCE OF DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR	AINAL DISEASE OR CON 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE)	20b. IF YES IN CERTIF YE	VEN IN PART III S, WERE FINDIN FYING CAUSES PART I OR PART 2)	NGS USED OF DEATH
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Top 6 M. to suggest I. Misses Managel Tores H.A.

STATE OF MARYLAND



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ι.	REGISTRAR				CERTII	FICATE OF DEATH	REG. N	10.		
	CEASED NAME	ETizab	etn	Mary	Port	IAST Per	20. DATE OF DEATH		Y YEAR	26 HOUR
(TYP)	OR PRINT)	XXXXX		xixxxixxxix			March 1	1984		5:25P _M
3. SE	X	4.4	RACE	A A A A A A A A A A A A A A A A A A A	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY] IF	UNDER I YEAR	
	Female		Whi	te	Mar		86 yrs	YRS	NIHS! DAYS	HOURS MIN.
76. B	IRTHPLACE (STATE O	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY			
1	Marylan	d	U.	S,A	WIDOW	ED DIVORCED		ore Cit		WD
Baltimore			(IL MOI BU 200	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVES TREET ADDRESS) Maryland General Hospital			120. USUAL OCCUPAT		12b. KIND (INDUSTRY	OF BUSINESS OR
USU	AL RESIDENCE (IF NO		HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		13e.STREET ADDRESS	/ 710 CODE		
M	aryland	13P COUNT		136. CITY OR TOW Baltin		YES NO			nue 2	1211
14. F/	FATHER'S NAME FIRST MODIE Robert L. Rinker Baltimore YES k NO 3939 Roland Aver 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAI							IA		
	WAS DECEASED EVI		ED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDR			
	No	-		721-16-9		Mr. Tom Rink	er-218_Oako	lale Ro	ad (21210
	18 CAUSE OF DEATH			line far (a), (b), an						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE	CAUSE (0) C	erebrovas	scula:	r Accident - S	stroke		/	Days
	4360 DUE TO, OR AS A CONSEQUENCE OF									
	Canditions, if a	ny, which	(b)	N NO N CON OCCO						
	gove rise to i	mmediate)	B A C A COMPEQUE	ENICE OF					
	underlying cou		DUE 10, O	R AS A CONSEQUE	ENCE OF					
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								(0)	
N							The broger of the con-			Tell 1
ATIC	190 DATE OF OPER	RATION	19b. COND	%. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	WERE FINDINGS USED		
CERTIFICATION							YES NXX	YING CAUSES OF DEATH?		
SER	210. ACCIDENT WAS	UNDERLYING	216. TIME C			21c. HOW INJURY OCCUR	C 5 F 8-5	JRY IN ITEM 18 PAR	IT I OR PART 2)	
	OR CONTRIBUTING			A.M. MONTH DAY YEAR P.M. 19						
MEDICAL	11d. INJURY OCCU			OF INJURY	19	211. LOCATION				
ME	WHILE NOT	WHILE WORK		REET, FACTORY, OFFICE, F	FARM, ETC)	STREET	CITY OR TO	NWO	COUNTY	STATE
			l) attended th	e deceased fram_			, ta	, 19	9	, that (I) (we) last
	saw the dece	ased olive an_		19		and that in (my) (aur) opinian	death occurred on the c	late and hour	ond fram the	causes stated
	126 FICH AFTURE	0	11	1 0		DEGREE			22c. DATE	ESIGNED
	(the	low	(due	bent	n	ATTENDING PHYSICIAN [MEDICAL STA		3/1/	184
	22d. PHYSICIAN'S	NAME (TYPE OR F	PRINT			22e. ADDRESS			*	
	Abrah	am Auer	bach, N	4.D.		C/O Marylan	d General H	lospita	1	
23o.	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23€ 1		CEMETERY OR CREMATORY	234 LOCATION			STATE
	(SPECIFY) Buria	T	Mar !	5, 1984	Druid	Ridge Eem	Baltin	ore, Ma	arylan	id.
24 F	UNERAL DIRECTOR					25a. DA	TE REC'D. BY REGISTRA	251 REGISTA	arydona	TO THE PARTY OF
	A Alan S	eitz. T	r Fun	ADDRESS Pral Home	3210	Roland Ave		0		

A. Alan Seitz, Jr. Funeral Home 3818 Roland AveNAR 6

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTEN

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remaye carbonpapers Pages , and 2 speuld be filed within 72 has

shauld be detached for use os the burial-transit permit. Then please remave carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or remaval.

IMPORTANT: If Item 21 is marked at

O. Harris and state and seem PART - CHOCK - Drawing - Drawing - Williams - Chock - The same of the sa Anthony (web as " may " OAC" 30 July 1992 WIR STANKS

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97	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after d retoined by the hospital or attending physician.	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or ottending physician.	
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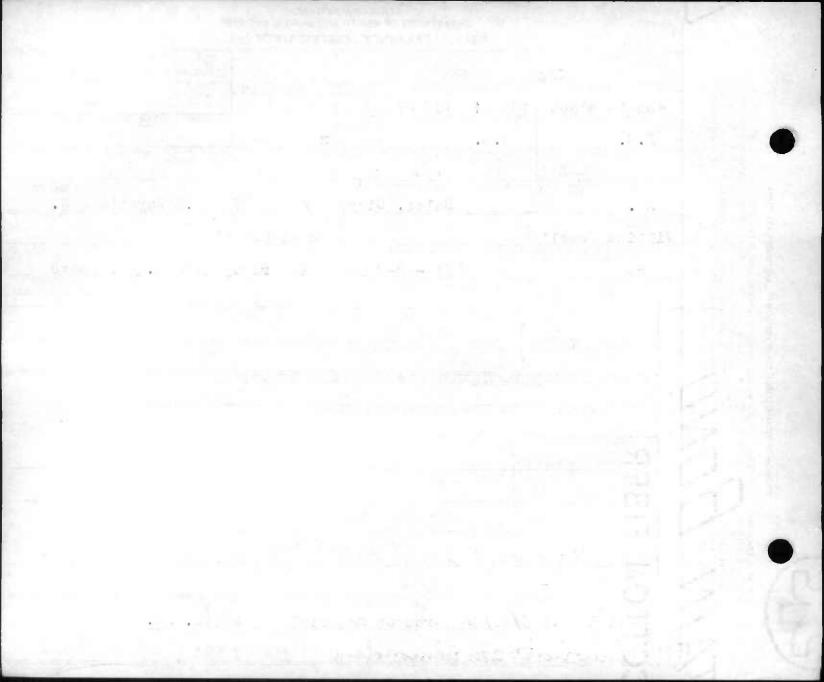
STATE OF MARYLAND

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1	STATE REGISTRAR	STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	ECEASED NAME FIRST LEO	A.	POTOCKI XXXXXX X	20. DATE OF DEATH MARCH 19	1984	2:45A			
3. SE	× M	WHITE	5. DATE OF BIRTH MARCH 27, 190	6. AGE (IN YEARS LAST B		EAR IF UNDER 24 HRS. AYS HOURS MIN.			
7o. B	SIRTHPLACE (STATE OR FOREIGN COUNTRY) MD -	O. S.A.	RY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	P	OR COUNTY OF DEATH	H MI			
10. C	BALTO.	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S'	RSING HOME OR OTHER INSTITUTION TREET, ADDRESS)		OF WORKING LIFE) INDUS	ID OF BUSINESS OF			
UŚU 13a.	JAL RESIDENCE (IF NURSING HOME OR OF STATE)	TY 13c, CITY OR 1	FORE ADMISSION) TOWN 13d. INSIDE CITY HAN YES NO	0 - 0	- //	21224 AVE.			
IA. F	ATHER'S NAME FIRST STANISLAUS	AIDDLE POTOC	15. MOTHER'S MAIDE	WiCA MIDDLE	UNKNOWN	LAST			
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR JINKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIALS WAR OR DATES) 2/2-0.	3-3741 MARY LAS	EK 3100 EC	LioTI ST.				
	18 CAUSE OF DEATH (Enter onl PART). DEATH WAS CAUSED	y one cause per line for (0), (b DBY: CARDI E CAUSE (0)	OPULMONARY ARR	EST	BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH			
NOL	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) ONDITIONS CONTRIBUTING	HEMMORHAGL	HEMMORHAGIC					
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATION WAS PERFORMED	YES NO	206. IF YES, WERE FIT IN CERTIFYING CAU YES				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OR PART	(2)			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211. LOCATION STREET	CITY OR T	OWN COUNTY	STATE			
	220.1 certify that (I) (this haspites saw the decessed alive an above, (I) (we) (did) (did not		84	84 , to MARCH pinion death occurred on the	dote and hour and from	the couses stated			
	226 SIGNATURE	Lul	DEGREE ATTEND PHYSIC	ING MEDICAL STA	AFF VI	ATE SIGNED			
	22d. PHYSICIAN'S NAME (TYPE OF			URCH HOSPIT BROADWAY, B					
230.	BURIAL, CREMATION, REMOVAL		231. NAME OF CEMETERY OR CREMAT ST. STANISLAUS CE	ORY 23d. LOCATION CITY OF TOWN	BALTO.	MD. STATE			
24 6	HOMAS J. SKAR			. DATE REC'D. BY REGISTRA	2000 25 200 200 200 200				

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20M 4/82



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR		CERTI	ICAIL OI L	LATIN	REG. NO.			
		CEASED NAME FIRST	MIDDLE	l.	LAST		20. DATE OF DEATH MO	DAY YEAR 26 HOUR 12:30AP		
	(1172	EMOR	Z	P	OWELL	SR.	MARCH 5,19			
	3. SE	X	4 RACE	5. DATE (YEAR	6. AGE IN YEARS LAST BIRTHDA		F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Male	Black	8	13	10	73	YRS		
2		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	D NEVER /	AARRIED 🗆	9. BALTIMORE CITY OR C	OUNTY	OF DEATH	
1		aryland	U.S.A.	WIDOWE		VORCED	BALTIMORE	CI	TY	MD.
)0 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INS	ITUTION	126. USUAL OCCUPATION		12b. KIND C	OF BUSINESS OR
-	E	BALTIMORE		KINS HO	SPITAL					
1	USU/ 13a S	AL RESIDENCE (IF NURSING HOME O		OR TOWN	113d INSIDE C	ITY HMITS?	13e STREET ADDRESS / ZI	P CODE		
1	Ma	aryland		timore	YES X	NO 🗌	5009 Midwo		Avenu	e 21212
	14. FA	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S	MAIDEN NA	ME		LAS	61
1	1	Thomas	_	e11	Ch	arlot			Hard	
		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCI	IAL SECURITY NO.	17. INFORMA		ADDRESS			
		NO	18-1778	Romai	ne To	pp 5009 Mid	WOO	d Ave	nue	
		18 CAUSE OF DEATH (Enter o							APPROX	OMATE INTERVAL
		PART I. DEATH WAS CAUSI								
		1719								
		Conditions, if any, which (16) Metas take (ance) 3 ma								
	3 9	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CO		1				100	nanths
۱		underlying cause lost.	10 N	nanths						
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								o.
	O									
7	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY? 20	b. IF YES,	WERE FINDIN	NGS USED
	TIF						YES X NO	YES		NO [
7	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	NTH DAY YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM IB PA	RT I OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DE	12200 7	5 198						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	Y	211 LOCATIO	N	CITY OF LOWAL		E OUNTY	STATE
ń	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	THE	+	Sa Stime	re c	its	Mel
		22a.1 certify that (1) (this hasp	oital) attended the decease	d from 2	5	19 84	, to 3/5		9 84	that (I) (we) last
		saw the deceased alive a	3/5	19 87 01	nd that in (my)	(our) opinion	death occurred on the date	and hour	ond from the	couses stated
		22b. SIGNATURE	or view the body after dear		DEGREE				22c. DATE	SIGNED
		· /vlau	Het		MP "	TTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	10	3/	5/84
7		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRES		J CINCETON E TITOGEN		101	
		Marc	LITT		1.17	JHH J	OHNS HOPKI	NS F	HOSPIT	PAH5
	23a. B	BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF C	EMETERY OR	CREMATORY	13 TOCATION BRO	A DW/	Y	203
		BÜRIAL	3/10/84	Pleasa				ce	COUNTY	Md.
		UNERAL DIRECTOR				25a. DAT	E REC'D. BY REGISTRAR 256			
	Wr	m C March F/I	H Inc. 1101	E Nort	h Aver	iue M	R 7 1084 4	chia D	evidour-1	Mandell
			,				11 1		1	

DHMH - 16 50M 4/83 (VRA 15, 4)

The state of the s

8	FOR STATE REGISTRA	AR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTA ER'S CERTIFICATE	OF DEATH	2 9 1 REG. NO.	
PLEASE ECTOR. F FILES. STREEK	1. DECEASED I (TYPE OR PRINT)	NAME FIRST Bill	LY	(None)	Powers IF UNDER 1 YR, IF UND		KNOWN MONTH	26 19 84 N
SSARY, PLEASE AL DIRECTOR YOUR FILES. MIN 72 HOURS ESTON STREET	Male	White	May 9,	1925 LAST THOAT	MONTHS DAYS HOURS	MIN. PRONOL DEA	INCED 3	26 19 84 9:41 p M
NA WINGESS	70. BIRTHPLACE	nia		S. A.		ARRIED B	morechy <u>or</u> coun altimore Ci	ty, MD
PAGE FIRE SOIV	Balti		(IF NOT IN SUCH FA	ersity Hospi		120. USUAL OCC FOR MOST OF WO	UPATION (TYPE OF WORK DRKING LIFE) (Ratired)	OR INDUSTRY U. S. Navy
D. 21201 IF ANY DE PAND 31. SHOULD B SHOULD B	USUAL RESIDE 130. STATE Maryla	No COU	or other institution, gi	VERESIDENCE BEFORE ADMISSIO 13c. CITY OR TOWN Ft. Washin	13d INSIDE CITY LIMIT	57 13e. STREET ADD		2074
ATH.	14. FATHER'S N		MIDDLE F	Powers	15. MOTHER'S MA FIRST Jenr		WIDDLE	Mitchell Mitchell
URS AFTER I B. GIVE PAC WITH FORM	WAS DECI (YES, NO, OR I YES	EASED EVER IN U.S. A INKNOWN) (IF YES, GI	ARMED FORCES? VE WAR OR DATES) an 1951	224-24-504		Powers 8133	ADDRESS Murray Hi	Ft. Wash.,
W, PRESTON ST., WITHIN 24 HOUR KICL IN TEM 18, KINCE ALONG W K K K K K K K K K K K K K K K K K K K	PAR Corregov	IDEATH WAS CAUS IMMEDI Iditions, if any, white erise to immedio se (a) stating the under g cause last.	(b)	Draco-abdomi as a consequence of as a consequence of		N PART 1 (a)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
F VITAL RECORDS, 201 V TE SHOULD BE EXECUTED WORD "PENDING" IN PR HE CHIEF MEDICAL EXAN OR EUSE AS A BURNAL- ENT OF HEALTH AND MEI OBLIGATION, OR	TIFIC	E OF OPERATION		TION FOR WHICH OPERA	TION WAS PERFORMED?			20. AUTOPSY? YES XX NO
CERTIFICATE SH TING THE WORD DED TO THE CP TO THE CP TO SHOULD BE UP TO PROPER TO BUILD TO PROPER TO BUILD	UNDERI CONTR	ERNAL CAUSE WAS YING AOR BUTING CAUSE O JRY OCCURRED	PF DEATH 8:12.M	MONTH DAY YEAR 3 25 19 84	216. HOW INJURY OCCU Driverin 211 LOCATION STREET	auto/truck	impact	ART 2) DHINTY STATE
DIVISIO TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING: PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAGE BALLIMORE, MARWAND, 21201 PRO	22a	certily that I took cha	st	Coribed obave, held an Accident X, Suice	Rt. 27 & Wa Autopsy X Inspe ide , Hamicide TITLE (SPECIFY	ction , Inquir	Rd,Mt. Air	y,Fred Co,Md.
TO MEDI EXECUTE PAGE 4 PATTER DE	(TYPE O	ER'S NAME AT	nn M. Dixo		ADDRESS 111	Penn St.	Balto.,M.)
BP	Bur. 24 FUNERAL I	Lal DIRECTOR	3/30/84 ADDRESS ADDRESS ADDRESS	Arlingto	n National Hill Rd. 250. DA Maryland MA	Arlin Arlin Are REC'D. BY REGISTR	COI	SIGNATURE

Wele White Hoy 9, 1925 TE ilt m time in the rl nd - mile eer c . eerin ten 133 meers 111 mege Charles Cowers dentiitchell r.dous ... Yes I Jan 1991 Steller of The Common flag surger in the St. a/3 1 rinten tight in tent in the 6160 mon ill 6. icor e ... : uner lione xon ill, rel d ...

ATTENDING PHYSICIAN: The

retained by the hospital or attending physicials

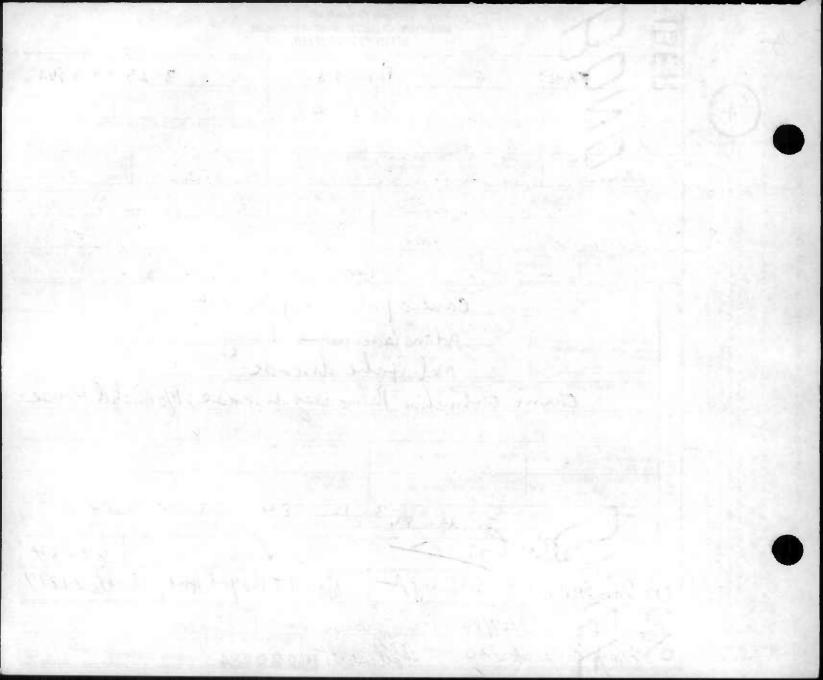
DED

STATE OF MARYLAND	O	7		9
ARTMENT OF HEALTH AND MENTAL HYGIENE	C		1500	
CEDTIFICATE OF DEATH				

	1 - STATE REGISTRAR	DEFA	CERTIFICATE OF DEATH	REG. NO.	
	, DECEASED NAME FIRST		Powers	20. DATE OF DEATH MONTH	24 84 2.54A
	male male	Thate	5. DATE OF BIRTH MONTH 11-2-1930	6. AGE (IN YEARS LAST BIRTHDAY)	
35	BIRTHPLACE (STATE OR FOREIGN	U.S.A.	WIDOWED DIVORCED	BALTIMORE CITY OR COUN Selle	mole
844	allomore	Don Scoul	us Aspelal	120 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS IMPUSTRY Consolidated
超	USUAT RESIDENCE (IF NURSING HO THE STATE	ME OR OTHER INSTITUTION, GIVE RESIDENCE B OUNTY ACCITY OR T	mune YES NO [13e.STREET ADDRESS / ZIECO	DE band 14 212
200	14. FATHER'S NAME PRIST	MIDDLE Prive	15. MOTHERS MAIDEN N	MIDDLE	Heater
/ madico	(YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? 166 SOCIAL S	SECURITY NO. WINFORMANT) John John	ers - 7625 Os	les Burnes, L. J. Del Canoples BL Del Canoples BL APPROXIMATE INTERVA BETWEEN ONSET AND DE
jury, ar ather to	gave rise to immedia couse lot underlying couse lot underlying couse lot PART 2 OTHER SIGNIFICA	DUE TO, OR AS A CONSE	TO DEATH BOT NOT RELATED TO THE TER		Alish Abus
2	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20s AUTOPSY? TOL IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATHS
9	710. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER, NOTIFY MEDICALEX.	OF DEATH HOUR A.M. MONTH	DAY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART 2)
o payo	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		CITY OR TOWN	COUNTY STA
n 21 is mo	22a.1 certify that (I) (this sow the deceased all above, (I) (we) Idid) (a	hospital) attended the deceased from the control of	19, and that in (my) (our) opinio	on death occurred on the date and	
15 - 1	276 SIGNATUR D	Serya	DEGREE ATTENDING PHYSICIAN		3- 24.8
WPORTAN	DARGHA	IN. 3. SHL	57A 120 ADDRESS M-	Royal Ane,	Ballo 2121
5	230. BURIAL, CREMATION, REMITSPECIFY)	3/27/84	name of cemetery or cremator New Calbedral teen	· Jalle -	COUNTY head STA
4/83	24 FUNERAL DIRECTOR	variofon Inc. ADDR		ATE REC'D. BY REGISTRAR 256. REC	doon-Randall

DHMH - 16 50M 4/83

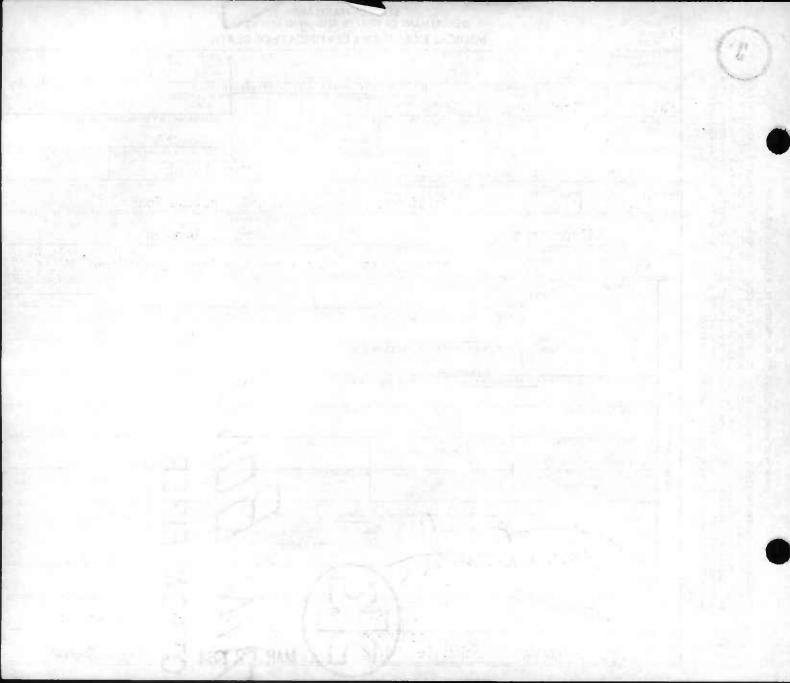
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DHMH - 17 (VR A15 ME (5) 20M 4/82

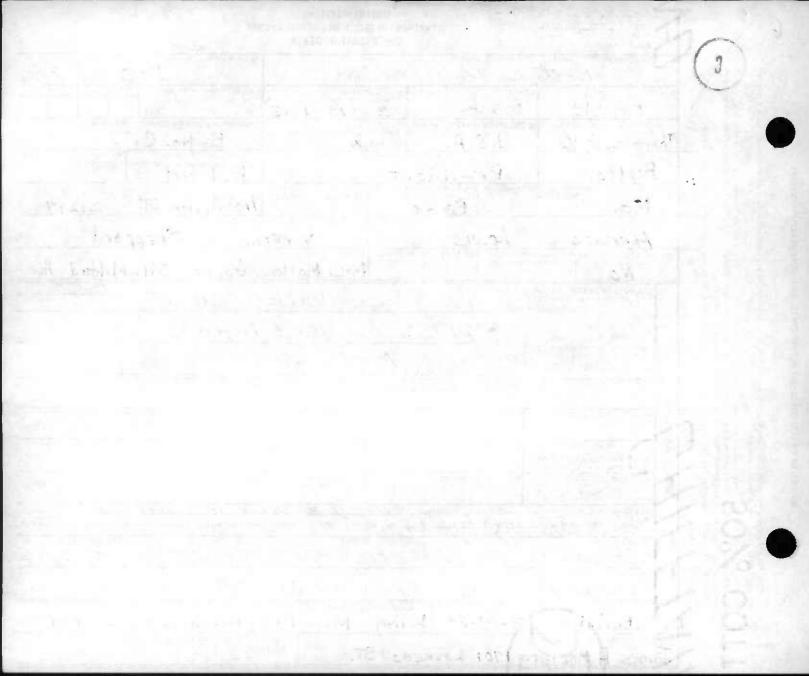
STATE OF MARYLAND

- 1		FOR STATE			EPARTMEN	T OF HEALTH	H AND MENTAL H	IYGIENE Z. 7		
- 1		REGISTRAR		MEDICAL EXAMINER'S		CERTIFICATE O	F DEATH REG. NO.	TH REG. NO.		
- 1	1. DEC	EASED NAME OR PRINT)	FIRST		MIDDLE		LAST	20. DATE KNOWN K MONTH	DAY YEAR	26 HOUR
- 1	(IIII)	OK PRINT)	Fores	t	F.	Pr	ather	DEATH MATED 3/4	/84 19	M
- 1	SEX		4 RACE	S. DATE OF BIRTH	6. AG		NDER TYR. IF UNDER		DAY YEAR	12:3
	Ma	le l	Black	Oct. 31,		7 YRS.	HS DAYS HOURS	PRONOUNCED DEAD 3/4	/84 19	P M
20	-			76. CITIZEN OF WH		10	IED XX NEVER MARRI	9 BALTIMORE CITY OR COUN		
4	FOR	RTHPLACE ISI		U.S.A			VED DIVORC	= = = = = = = = = = = = = = = = = = = =		MD.
7		Y OR TOWN		11. NAME OF HOS	PITAL, NURSING	HOME, OR OTH		120 USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BU	SINESS
49	۲.	Baltim	ore		Memoria		al	Unemployed	OR INDUSTR	RY
20	USUA	LRESIDENCE	(IF IN NURSING HOME OF	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE	ADMISSION)	- /			. 40
3	lla ST	Md.	13b, COUNT	Υ	Baltin	ore	YES NO	507 Chateau Road	212	12
00	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDE	MIDDLE	LAST	
Z			Wilson Pi	rather				Emma M. Snowden		
1		AS DECEASES	DEVER IN U.S. ARM		16b. SOCIAL SE		17. INFORMANT	ADDRESS 3 N	. Summit	Ave.
		No			217-18	3-1855	Eunice Pra	ather (Daughter)G'b	urg, Md.	20877
		18 CAUSE O	F DEATH (Enter only	y ane cause per line	far (a), (b), and	(c).)			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
- 1		PARTIDEATH WAS CAUSED BY: Cor Pulmonale Due To, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (b) (b)								
										- 140
н										
		couse (a)	stating the under-	<	AS A CONSEQU	ENCE OF				
		lying cau	se lost.	(c)						
		PART 2 OTHER SI	GNIFICANT CONDITIONS C		BUT NOT RELATED TO	THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a)		
	NO.	-								
7	AT	19a DATE OF	OPERATION	196 CONDIT	ION FOR WHICH	H OPERATION V	AS PERFORMED?		20 AUTOPSY?	
/	IFIC								YES [X]	NO []
7	CERTIFICATION		AL CAUSE WAS	21b. TIME OF			OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART I OR P		
5		UNDERLYING	OR NG CAUSE OF D		MONTH DAY	YEAR 19				
	MEDICAL	21d INTURY C	CCURRED	21e PLACE C	FINJURY (ATH	10ME. 211 LC	CATION			
	Σ	WHILE C	NOT WHILE AT WORK	STREET, FACT	ORY, FARM, ETC.)		STREET	CITY OR TOWN	OUNTY	STATE
							v			
			fy that I took charge	(1-1			sy X. Inspection		pinion	
		death result	ed to Nature	X	Accided .	Suicide	, Hamicide L	Undetermined manner		
		ACTUAL C	Wina.	.V4.	"A		TITLE (SPECIFY)	DATE	_{IED} 3/5/84	
1	1	SIGNATURE,	Liveria	my / W	my		bep. Chre		ED_3/3/04	
7		EXAMINER'S (TYPE OR PRII	NAME Tho	mas D. Sm				Penn St., Balto.,	Md. 2120	1
	23a.Bl		rial 23	B-9-84		of CEMETERY C	Cemetery	Gaithersburg, Mo	ntg. Md.	ATE
	24. FU	JNERAL DIREC			N. Wash			REC'D. BY REGISTRAR 256 REGISTRAR'S		
		George	e R. Snow	ADDRESS	kville,			1 2 1084 Like Davidso	~ Randall	



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		tem 6, Film#G5 FOR 4-17-84jlb STATE REGISTRAR		ENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	rGIENE 7 2	9 4		
Jae 3		CEASED NAME FIRST BELLY		res	ton	20. DATE OF DEATH	MONTH DAY	1 -84 9 4	15 4M
irector, p	3. SE)	Female	Black	5. DATE O	F BIRTH 1973 1983		70, MOP	UNDER I YEAR IF UNDER 24 H	HRS WIN.
deoth. P	Chi	Protesuite Va.	L. S. A. NAME OF HOSPITAL, NURSIN	WIDOWE		- Man an I i	to. CiT	Y26. KIND OF BUSINESS	MD
in by the be fired wi	,	Balto. RESIDENCE (IF NURSING HOME OR OT	(IF NOTING SUCH FACILITY, GIVE STREET)	(DDRESS)	K OTTEK KOMOTON	(TYPROF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
thin 24 h	13a. S	THER'S NAME	Ba to	۷	13d INSIDE CITY LIMITS? YES NO NO NO NOTHER'S MAIDEN N	1100 Bolto	M 21.	21217	
ond complet oges ond 2		Herace VAS DECEASED EVER IN U.S. ARME		RITY NO.	17 INFORMANT	ADD	NE SS	ardiast	2
sicion one pers. Pog ol.	l,	(IF YES, GIVE W 18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED B	one couse per line for (a), (b), and	d (c/n)	Mrs. Marle	ne Garner	39121	Milford HV	le.
eoth certific thending phy ve carbonpo on, or remo umotic even		IMMEDIATE (3940 Conditions, if ony, which		7000	i Heart	Difeos	<u> </u>		
d by the o leose remotion, cremotion		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSPONE	uc,	stenou				
been signe mit. Then p prior to bur ony injury,	ATION	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D			RMINAL DISEASE OR CO		VERE FINDINGS USED	
The le	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY			YES NO	IN CERTIFYIN	NG CAUSES OF DEATH?	
rySICIAN: ding phys ding phys is certifica burial-tror Mental Hy or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211. LOCATION				
DING PP or attent se as the colth and marked a	ME	WHILE NOT WHILE DAT WORK 270.1 certify that (1) (this haspital	(AT HOME, STREET, FACTORY, OFFICE, FACTORY) oftended the deceased from	Tel-	STREET 23, 19	t, to MAN	26/12/19	STATE	
hospital hospital IRECTOR hed for u ept. of Hem 21 is	S	27a.1 certify that (1) (this hospital) attended the deceased from 7 3, 19 8 4, to 19 4, that (1) (we) lost saw the deceased alive an 19 4, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 27b. SIGNATURE 27c. DATE SIGNED							
O HOSPITAL O HOSPITAL O TO FUNERAL D Should be detoc with the Stote D MPORTANT: If	H	TOUNGEN 22d. PHYSICIAN'S NAME, TYPE OF PA	Man aller	me	ATTENDING PHYSICIAN 220. ADDRESS	DIRECTOR PHYS	1 1	3/12/8	4
TO HOSE retoined TO FUN should be with the IMPORTA	23a. E	URIAL, CREMATION, REMOVAL		IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY A STATI	TE.
BP DHMH - 16 50M 4/B2	24. FU	DUTIA DIRECTOR	3-17-84 K	ING		ATE REC'D. BY REGISTRA AR 1 3 1984	16	R'S SIGNATURE	
(VRA 15, 4)	Jó	imes H. MORTON.	+ 1701 LAURES	2 2	ST. M	711 1304	Tio Day	racon-Handell	



STATE OF MARYLAND

	Cian.	

	1-	STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH		3. NO.		
		CEASED NAME OR PRINT) STA	TANLEY	MIDDLE	Pri	PRIDEAUX	28. DATE OF DEAT		25 Sy	1039m
	3. SEX	M	4. RACE / Bla	ck	5. DATE O		6 AGE (IN YEARS LA	ST BIRTHDAY) YRS	MONTHS DAYS	
1	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) Iaryland	U.S		WIDOWE		9 BALTIMORE CIT	YOR COUN	MC C	CITY, MD.
1	10.5	ALIMOLE	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET I IDENT H	ADDRESS)	TAL	124 USUAL OCCU			OF BUSINESS OR
	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU		Baltim	N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRE	ss/zipcc	DDE reet 2	21217
1	14. FA	THER'S NAME Charles	MIDDLE	Mumfor	đ	15. MOTHER'S MAIDEN NAME E 1 1 a	ME	ŧE		deaux
		AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) 1 1 F YES, G	RMED FORCES? IVE WAR OR DATES)	N/A	RITY NO.	17. INFORMANT Virginia B		04 Ma		Avenue
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b)_(DUE TO, OI	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO C	NCE OF	TAUGINE CUNG	DSTASE,	CONDITION	GIVEN IN PART I	10"
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CER	YES, WERE FIND RTIFYING CAUSE YES []	
)	MEDICAL CER	2) a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	HIA	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
		22e. I certify that (I) (this hosp sow the deceased alive o above, (I) (we) (did) (did n 22b. SIGNATURE	0 2 /2	-5 19		DEGREE ATTENDING PHYSICIAN 222_ADDRESS	_ MEDICAL	STAFF	haur and from the	, that (I) (we) last the causes stated E SIGNED 2 S S
		SURIAL, CREMATION, REMOVA	23b. DATE			EMETERY OR CREMATORY	23d LOCATION B a CTY OF TOWN		COUNTY	M d ^{rate}

DHMH - 16 50M 4/83 (VRA 15, 4)

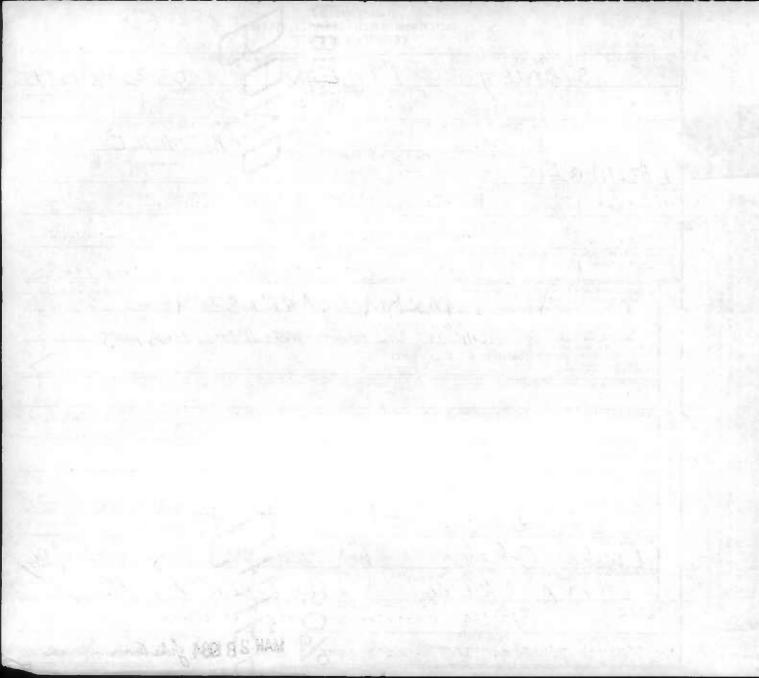
O FUNERAL DIRECTOR

this certificate has been signed by the attending physici in purior sit permit. Then please remove corbon poper of warton trygiene prior to buriol, cremotion, or removal.

24 FUNERAL DIRECTOR
Wm C^{ME}March F/H Inc. 1101° North Avenue

230. DATE ARC'D. BY REGISTRAR'S SIGNATURE

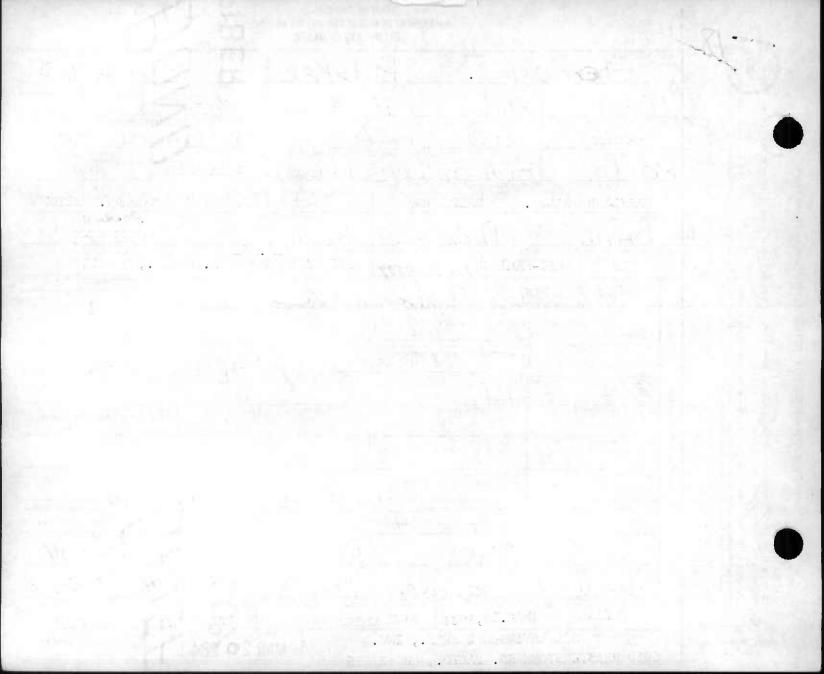
HAN 28 1984 Fulla Davidson-Randelle



DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

X	1 - STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	
0	L DECEASED NAME FIRST	MIDDLE	LAST 1	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Sherma	QN D.	LITZKER	3/	1484 6 P
	mala		ATE OF BIRTH	6. AGE (INYEARS LAST BIRTHDAY) VRS.	MONTHS DAYS HOURS M
35	THE BIRTHPLACE (STATE OF FOREIGN COLLEGES) MARYLAND		RRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH CITY
34	BOLLO.	11. NAME OF HOSPITAL, NURSING HO		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI PHARMACIST	126 KIND OF BUSINESS
15	USUAI RESIDENCE IN MUSICIO CON INC. STATE MARYLAND BALT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS 134. CITY OR TOWN BALTIMORE	13d INSIDE CITY LIMITS? YES NO A	13 STREET ADDRESS / ZIP COD 8530 STEVENSWOO	
130	A FATHER'S NAME	MEDIE POLITICE	15. MOTHER'S MAIDEN NAM	MIDDLE G	XXXXXXXX
Cadron Carlo	WAS DECEASED EVER IN U.S. AR	MED FORCES? 1166 SOCIAL SECURITY NO. MARTINES 212-20-85	OFTO CTEVENO	JEANET PERMAY I	
y, or other troumotic event	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	TE CAUSE (0)	The dyst	COCYTY CONDITION GI	APPROXIMATE INTERVAL BETWEEN ONSET AND DE:
ows any injur	MIL DATE OF OPERATION TIS. ACCREMIT WAS UNDERLYING.	IN CONDITION FOR WHICH OPER	ATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
18 5	CONTRACTOR STATE OF THE PROPERTY OF THE	HOUR AM MONTH DAY Y	EAR 19	ED TENDER NATURE OF RUMEY ON THE RE	PART I DR.PART 31.
rked or Ite	MINITE OCCURRED 116 ENVIR HOLFY MEDICAL EXAMINES AL HOUSE AL HOUSE AL HOU	ZIE PLACE OF INJURY (AT HOME, STREET, FACTOR), OFFICE, FARM, ET-	211 LOCATION	CITY OR TOWN	COUNTY STATE
n 21 is mor	saw the deceased alive on above, (If the (did) (did no	tal) offended the deceased from 19 67	and that in (my) (our) opinion (death occurred on the date and ho	
ZT. # Item	THE SIGNATURE	Dan		MEDICAL STAFF	3/13/84
WPORTA	THE PHESICIAN'S NAME ITHE O	1. PAELTRAR	5 1940 W.	BALTIMORE	E ET BAL)
	238. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	MAR.18,1984 AIT	OF CEMETERY OR CREMATORY Z CHAIM	23d LOCATION CITY OR TOWN BALTIMORE	COUNTY STATE MARYLAND
4/83	24 FUNERAL DIRECTOR SOL I	EVINSON & BROS., II	NC . 250. DAT	R 2 0 1084 Funda	Davidson-Rindre



STATE OF MARYLAND CERTIFICATE OF DEATH

1. DECEASED N	IAME FIRST	A ^s	ID. 16	LAST			2a. DATE OF	DEATH	MONTH	DAY	YEAR	26. HOL	R
(TYPE OR PRINT)	SOPHIE	Parties - Comment	A. A.	Przyb	vlski			RCH 2		-		9:30	A
3. SEX		4. RACE	5	DATE OF BIRT			6. AGE (IN YE	ARS LAST BIRT	HDAY)		ER 1 YEAR	IF UNDER	
Female		Caucasi	Lan	Oct. 2	7.	1890	93		YRS	MONTHS	DAYS	HOURS	MIN
7a. BIRTHPLACI	ISTATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	MARRIED [NEVER MAR	RIED 🗆	9. BALTIMO	RE CITY O	R COUN	NTY OF DE	ATH		
Poland		U.S.		WIDOWED 🔀	DIVOR		Balti						М
land to	WN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING	HOME OR OTH DRESS)	ier institu	TION	12a USUAL C				KIND OF	BUSINE	SSO
Baltin			Belmar Ave				Hou	sewif	e				
USUAL RESIDE 13a. STATE	NCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE AD 134. CITY OR TOWN		SIDE CITY	LIMITS?	3e STREET	ADDRESS					
Maryla			Baltimor	-				Belma	r Az	re. #	2120	6	
14 FATHER'S N	AME RST	MIDDLE	LAST	15. M	OTHER'S M.	AIDEN NAM	E	WIDDLE			LAST		
Joh	מו		Jarosze	wski	M	arv					Patr	ylak	
(YES, NO OR L	ASED EVER IN U.S. AINKNOWN) (IF YES, GIV	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECURIT		FORMANT			ADDRE	SS				
No			215-05-33	32 Jo	sephi	ne Har	neman	- 42	30 E				
18 CAU	E OF DEATH (Enter o	nly ane cause per	line for (a) (b), and (0.1 /1 0		0	0.			e	APPROXIA	NATE INTER	VAL
PARI	I. DEATH WAS CAUSI	ATE CAUSE (a)	Cloute	Cerebr	vasan	les 1	accide.	1			9 de	my or	
4	292	DUE TO, OR	AS A CORSEQUENCE	CE QF	1			-				J	
Condition	ons, if ony, which	(b)	Unterior		Carolio	umle	- Di	oun		4	una		
couse	ise to immediate (a), stating the	DUE TO, OR	AS A CONSEQUENCE	CE OF						0	,		
underly	ing couse lost.	((0)_											
	Mome Co	CONDITIONS CO	NTRIBUTING TO DE	ATH BUT NOT F	ELATED TO	THE TERMIN	NAL DISEASE	ORCON	DITION	GIVEN IN I	PART 1(o	1	
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00.000.00	IBUTING CAUSE OF DE	HOUR A.A	M. MONTH DAY	YEAR							,,,,,,		
	NOTIFY MEDICAL EXAMINER	P.A.		19 216. 1	OCATION						_		-
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					/ /				,	1			
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220.1 cer sow obo 27b. SIG	the deceosed olive or re. (1) (w) (did) (did)	n 3/ N view the body of Branch	otter death. 19 8 and ley	DEGRE MA	E ATTE PHY	NDING SICIAN 🗗	MEDICAL DIRECTOR	STAI	23 pote and the	22	3/2	IGNED	89
220.1 cer sow obo 27b. SIG	the deceased alive or ve. (1) (was ideal)	n 3/ N view the body of Branch	otter death. 19 8 and ley	DEGRE MA	E ATTE PHY	NDING SICIAN 🗗	MEDICAL	STAI	23 pote and the	22	3/2	IGNED	89
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27a. l cer sow obo 27b. SIGN 27d. PHYS	ATWORK Prify that (I) (this beautiful the decessed alive or re. (I) (we) (did) (did) ATTRIBUTED TO THE CONTROL OF THE CONTRO	DORPRINT) ADLEY, M.	ofter deoth. 19 10 10 10 10 10 10 10 10 10 10 10 10 10	DEGREE M D	ATTE PHY ADDRESS 1900 B	NDING SICIAN P	MEDICAL DIRECTOR (on the de	te and f	22	3/2 D. 2	IGNED	S'

George A. Weber & Sons, Inc. - 705 S. Ann St.

DHMH-16 60M 1/73 (VR A 15 (4))

NUMBER OF STREET STREET SARRY S. 180 9:30 E and the course subsecting the field in secretary AND AND AND AND THE PARTY OF TH the state of the s A Partie of the contract of th DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VR A15 ME (5)) 20M 4/82

Joseph

Male Maite Jan 5, 1906

To hum Joseph Pasateri

Jaryland

Maryland Baltimord

.1.8.

1/22 Fireworks 21207

Months assert

Stephen J Pasateri 1622 Kirkwood id 11207

Surial area 3'84 Crest My Lava

Harry H Misse 41.2 Columbiasd Philode City

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely tilled in the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be tilled by the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/83

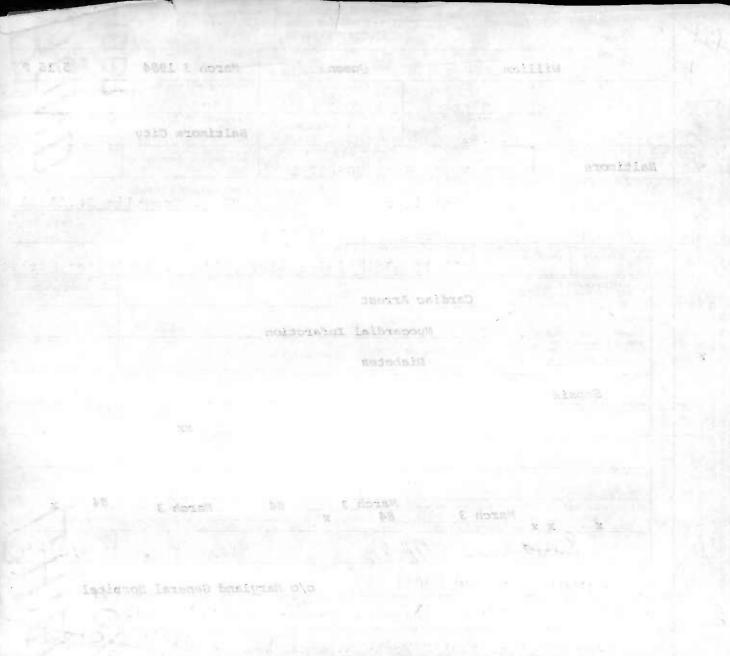
(VRA 15, 4)

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_											
	CEASED NAME FIRST		WIDDLE	LA	ST	20 DATE OF D			DAY YEAR	26. HOU	
LITE	Wil	liam		Q	ueen	Marcl	3 198	4		5;15	5 F
3. SE)	X	4. RACE		5. DATE OF		6. AGE (IN YEAR	S LAST BIRTHDAY)		IF UNDER 1 YE		24 HR
	Male	В 1	lack	MONTH 8	2 2 4	59	,	YRS.	MONTHS	S HOURS	MIN
7a. BII	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	NEVER MARRIED K	9 BALTIMORE			OF DEATH		
	arvland	U.S.A	4.	WIDOWED	DIVORCED [Baltin	ore Ci	ty			٨
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME OF	OTHER INSTITUTION	12a USUAL OC				OF BUSINE	_
E	Baltimore		AND GENE		HOSPITAL	(TYPE OF WORK FO	OR MOST OF WORK	KING LIFE	E) INDUSTR	RY	
	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET AD	DDEEC / 71D	CODE			
	aryland	INIT	Baltim		YES TX NO T		. Fra			t.212	2.0
	ATHER'S NAME	DATE:			15 MOTHER'S MAIDEN NA	WE					
	Joseph	MIDDLE	Oueen		Lillian		MIDDLE			LAST	
	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS				
	YES, NO OR UNKNOWN] (IF YES, G	IVE WAR OR DATES)	218-12-	6764	Vivian Blu	e 214	0 W.	Lex	xingt	on S	tr
	18. CAUSE OF DEATH (Enter of		•							OXIMATE INTER	
	PART I. DEATH WAS CAUS		Cardiac A								
	2500										
	Control	DUE 10, O	R AS A CONSEQUE						0.00		
	Longitions if any which	11.5	MUDE	cardia	1 Infarction						
	Conditions, if any, which gove rise to immediate	(b)			1 Infarction			_			Ħ
) (5,-	R AS A CONSEQUE								
	gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF Bbetes		INAL DISEASE	DR CONDITIO	N GIVI	EN IN PART	lio	
NO	gove rise to immediate couse (o), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF Bbetes		INAL DISEASE (DR CONDITIO	N GIVI	EN IN PART	lio	
ATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUE	ENCE OF Blocker DEATH BUT N	NOT RELATED TO THE TERM	IN AL DISEASE (SY? 20b.	IF YES	, WERE FINI	DINGS USE	
THICATION	gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT Sepsis	DUE TO, O	R AS A CONSEQUE Dia ONTRIBUTING TO D	ENCE OF Blocker DEATH BUT N	NOT RELATED TO THE TERM	200 AUTOP	5Y? 20b.	IF YES	, WERE FINI YING CAUS	DINGS USEL	H?
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	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT Sepsis 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DESCRIPTION 21d. NJURY OCCURRED WHILE NOTWHILE AT WORK 22a I certify that (1) (this has sow the deceased alive a above, (Mr. (we), (did), (Mr. 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (1)	DUE TO, O (c) 196 CONDITIONS CO 197 CONDITIONS CO 198 CONDITIONS C	THE PROPERTY OF THE PROPERTY O	OPERATION AY YEAR 19 ARM.EIC) MATCH 84, onc	21c. HOW INJURY OCCURE 21l. LOCATION STREET 2 3 , 19 84 Higher to May (our) opinion of the company of the com	YES	TO TOWN 206. IN CONTROL OF THE OF INJURY IN ITIES TH	IF YES CERTIFY YES EM 18 P/	COUNTY 19 84 22c. DA	DINGS USELES OF DEAT NO [H?
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FOR STATE

CTATE OF MADVIAND

		IF OL W			I
DEPARTM	LENT OF	HEALTH	AND	MENTAL	HYGIENE
		FICATE			

1		REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	NO.			
1		CEASED NAME	FIRST	-	MIDDLE	t	AST .	20. DATE OF DEATH	MONTH OA	AY YEAR	2b. HOUR	
Н	(TIPE		lyn Ma	rie (T.	Quinn		March 1.	1984		M	
	3. SEX			RACE		5. DATE C		6 AGE (IN YEARS LAST 8	IRTHDAY) II	F UNDER I YEAR	IF UNDER 24 HRS	
	-	emale		White	2	MINOM 8	9 1923	60	YRS.	ONTHS DAYS	HOURS MIN.	
1	7a. BIF	RTHPLACE (STATE OR F	FOREIGN 74	CITIZEN OF	WHAT COUNTR	RY? B.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH		
Z		ryland		U.S.A	١.	WIDOWE		Baltimo	ore Ci	tv	MD.	
7	10. CI	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPA	TION		F BUSINESS OR	
	Ba	altimore					ospital	Housewa		INDUSTRI		
1	130 S	L RESIDENCE (IF NURS	ING HOME OR O	THER INSTITUTION.	GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
2		ryland	Balt		Dunda		YES NO X		nool A	venue	21222	
4	14.FA	THER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAS		
Ø	Joo	hn		I.	Meye	er	Lydia	В.		Bat		
		AS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDI	RESS			
	No		(IF YES, GIVE V	VAR OR DATES	217-12	2-9280	Clarence M	M. Quinn		Same	as 13e	
		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b),	ond (c).)				APPROXI-	MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH W	AS CAUSED		Acr)	te my	0 ci-di.	Intunct	10-	11	w.	
	1	4100)		R AS A CONSE	DUENCE OF						
		Conditions, if ony,	which	(b)	K AS A CONSE	DOLINCE OF						
		gove rise to imm		DUE TO O	R AS A CONSE	DUENCE OF .					n - more i	
		underlying couse	lost.	(c) A	thiro	Sclerit	ic ci-diov.	5001 0	130.00	17	errs	
		PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	N IN PART Inc	o .	
	CERTIFICATION	Dinh	c+15	mal	11+-5							
1	CAT	190. DATE OF OPERA	TION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		
	TIF							YES NO	YES		NO 🗌	
3		21a. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	ET I OR PART 2)		
7	CAL	OR CONTRIBUTING (P.,		19						
	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY	CE FARM FIG.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE	
	>	AT WORK AT WO		(A) HOME, STA	CET, FACTORT, OFFI	CE, FARM, ETC.)	1	7		04		
١		22a.l certify that (1)	(this hospita		e deceased from	m W W	, 19		MI	901	that (1) (ww) last	
		sow the decease above, (I) (we)		view the body	ofter death.	84 , on	id that in (my) (auc) opinion	death accurred on the	date and hour o	and from the	couses stated	
	- 1	226. SIGNATURE	. /)	1	DEGREE	, == ====	7	22c. DATE	SIGNED	
		do	w 2.	hen	M		M D ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🗌	31	2/84	-
1		224. PHYSICIAN'S NA	AME (TYPE OR F	RINTI			22e ADDRESS		CL	v :1	212	
		400	SE	6	renze	7	1101 N	1. C. ve-	7 2 7	B. Ho	. 21000	
	11	URIAL, CREMATION,	REMOVAL	236. DATE		31 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR IOWN		COUNTY	STATE	
	Bi	irial		3/5/1	984	Morel	and Memoria	al Baltimo	ore	M	aryland	
							100 -		mineral new menter	A	-	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carban papers. Pagi with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or removal.

IMPORTANT; If Hem 21 is marked ar Item 18 shows ony injury, ar other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

24 FUNERAL DIRECTOR
Dud AMBuck Funeral Home

7922 Wise Ave 21222

MAR 6

1984 Juna Davidson Rendale

4. CHI mutup Control of the TTE ASC BRAM econs by said sopp and Street for -11-

DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

	DEPART	MENT O	FHEALT	H AND	MENTAL	HYGIENE
M	EDICAL	EVALAL	NED/C	CEDIL	FICATE	OF DEATH

- 1		REGISTRAR		MEI	DICAL EXA	MINER'S	CERTIFIC	CATEO	F DEA	TH REG.	NO.			
- [CEASED NAME	FIRST		WIDDLE		LAST			20. DATE KNOWN	XX MONTH	DAY Y	YEAR	2b. HOUR
ı	{TYPE	E OR PRINT)	Charl	es Ge	coroe	Ra	dtke	an.		OF ESTI- DEATH MATED		27 10	0.4	
-	3. SEX		4 RACE	5. DATE OF BIRTH			NDER 1 YR.	IF UNDER 2	24 HRS.	2c. DATE	HINOM	DAY	84 YEAR	2d HOUR
-	M	ale	White	10 27	67 10	T BIRTHDAY) MONT		HOURS		PRONOUNCED DEAD	3-	27 10	84	7:51 P. M
H	19-81	RTHPLACE (ST.	ATE OR	76. CITIZEN OF WH		Tr.	ED DA	VER MARRIE		9. BALTIMORE CITY	OR COUNT			I - M
7	al	ary and		U.S.A		WIDOV	-	DIVORCE		Baltimor	e City	,		MD.
5	4	TY OR TOWN (11. NAME OF HOS	PITAL, NURSING		IER INSTITU	TION		AL OCCUPATION (TYPE OF WORK	12b. KIND C	OF BUS	INESS
		altimor		Univers	ity Hosp	pital -	STU		52	tudent		Scho		
4	13g. ST	TATE,	IF IN NURSING HOME O	OR OTHER HYSTITUTION, GIV TY	13c CITY OR TO	OWN	13d. INSIDE C		13e SIRE	EET ADDRESS	1 /	2 406		
4		ryland THER'S NAME	Dalt	Lmore	irraale	River	YES 🗌	NO X	900	6 (harban	k Lane	2120	10	
	11. 17	harles		MIDDLE	a LAST	, ,	1	ER'S MAIDER	N NAME	MIDDLE		LAST		
4	14.01			orge	Rodt	re sr.	17. INFOR	avon		Lee		Wats	2	
2	[YE	S, NO, OR UNKNO	EVER IN U.S. ARA	WAR OR DATES)		ECURITY NO.			-	ADDRE				
						5-1240	Eugi	ene L.	Fra	nklin Sr.	9806	harb	ank	ln
		18. CAUSE OF	DEATH (Enter onl	ly one couse per line					100			APPRO) BETWEEN	CIMATE II	NTERVAL
4	-9	217		E CAUSE (a)		-Cerebra	1 Tra	uma						
1		Condition	s, if any, which	DUE TO, OR	AS A CONSEQU	ENCE OF								
		gove rise	e to immediate	(b)										-
1		(cause (a) lying caus	stating the <u>under</u> elost.	DUE TO, OR	AS A CONSEQU	ENCE OF								
				((c)										
	_	PART 2 DTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO	THE TERMINAL DISEAS	E OR CONDITIO	N GIVEN IN PART	[Lia					
1	CERTIFICATION													
7	CA	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICI	H OPERATION W	AS PERFOR	MED?				20 AUTO	OPSY?	
1	RTE									*		YES		NO XX
2	CE	210 EXTERNAL	S. M.	21b. TIME OF HOUR	INJURY MONTH DAY	YEAR 21c. H	OW INJURY	OCCURRED	(ENTER N	TATURE OF INJURY IN ITEM	18 PART 1 OR PAR	T 2}		-17
7	CAL		G CAUSE OF D				senge	er in a	auto	/autos and	d fixed	d obje	ect	
	E E	21d. INJURY O	CCURRED	21e PLACE C	OF INJURY (AT H	10ME, 211. LO	CATION			CITY OR TOWN		Impac.		STATE
5	>	WHILE AT WORK	AT WORK		oad			Ave.&I	Wilb	ur Rd.,Bai				STATE
A	,			e of the remains desc	cribed obove he			Inspection			and in my api			
1		death resulte	14	al couses at	Accident XX	\ Suicide	. Homis		_	rmined manner]	поп		
		/	1/2	· ~ 1	ALCOHOL AA.	Solicide L		PECIFY)	Undere	rmined manner	1.			
		ACTUAL	elleu	us of In	ush	1000		istant	MEDI	CALEVALUED.	DATE	3-2	8-8	4
1		SKICHMIURE	-		1	- V () - N	.D. <u></u>		MEDI	CAL EXAMINER	SIGNE)		
4		EXAMINER'S N	Deni	nis F. Sm	yth, M.I).	ADDRESS_	111	Pen	n Street				
			ION, REMOVAL 23			OF CEMETERY C	R CREMATO	ORY	23d LO	CATION			-	
	(SF	Bur	ial	3-31-84	Holl	4 Hills	Mem. 9	arden	Mide	lle River	Balto	Ca 1	STAT	E
1	-	NERAL DIRECT				2003		25a. 84TA 1	C' BY	REGISTRAR 256 RE	GISTRAR'S SI	GNATURE	100	
	Ch	arles !	.Zeiler	& Son Inc	6224	Easton	Ann	1417-(1)	0	1984 7	प्य राद्यम्बर	or-Ga	ndel	2

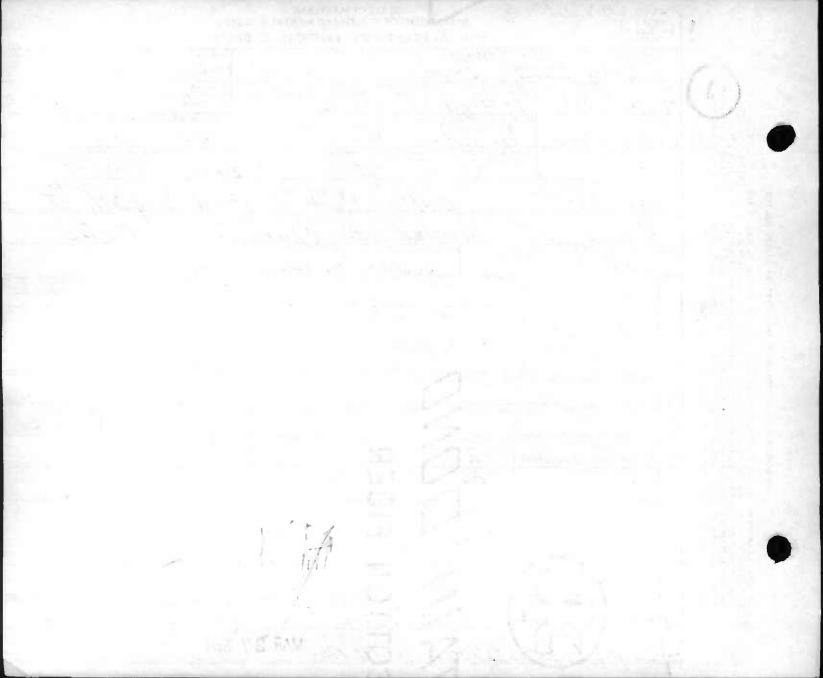
the same state a place better Company with the company and the first of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. P retained by the hospital ar attending physician.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

	FOR STATE REGISTRAR		DEPAR		IEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG. N	0.	
	1. DECEASED NAM (TYPE OR PRINT)	AE FIRST	Frances	Rac	inck;	2a. DATE OF DEATH	MONTH DAY	1984 7:3
	3. SEX Fem	4. R	ACE White		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UND	RIYEAR IF UNDER
\$35	70. BIRTHPLACE		CITIZEN OF WHAT COUNTR	V2 8	D NEVER MARRIED	9. BALTIMORE CITY O		
Coffee of	Baltin	one	NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR MERCY HOSPI	tal	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEW.	F WORKING LIFE) IND	KIND OF BUSINE DUSTRY Omestic
35	USUAL RESIDENCE 130. STATE Marylane	, ISK COUNTY	er institution, give residence ber 13c. CITY OR TO nunde Linth		13d. INSIDE CITY LIMITS? YES NO 🔼		enwood Ro	ad, 210
100	(hanl	MIDD	Grah		15. MOTHER'S MAIDEN NA	WIDDLE		Annold
7	160. WAS DECEAS (YES, NO OR UNK)	ED EVER IN U.S. ARMED NOWN) (IF YES, GIVE WA	P OP DATES	-6254	Stanley A. R	asinski, Sr	. Same a	APPROXIMATE INTER
ny injury, ar other troum	gave rise cause (a underlying	(107	ODEATH BUT	claratic &			PART I IO
shows or	STIFIC	NT WAS UNDERLYING	2) b. TIME OF INJURY	CH OPERATIO	21c. HOW INJURY OCCUP	YES NO	IN CERTIFYING C	CAUSES OF DEAT
ted or Item 18	OR CONTRIBL	OCCURRED		DAY YEAR 19 CE, FARM, ETC 1		CITY OR TO		DUNTY S
21 is mort	22a.1 certif		attended the deceased from		nd that in (my) (aur) apiniar	death occurred on the d	ate and havr and fr	, that (I) (
hem	22b. SIGNA	TURES	E. Dunger	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _	C. DATE SIGNED
MPORTANT: H	22d. PHYSIC	IAN'S NAME (TYPE OR PRI	Grenz	er	220. ADDRESS	N. C. 1	vert.	5+
- 1	(SPECIFY) B	urial	4/2/1984		Park (emeter	23d. LOCATION CITY OF TOWN	Baltimore	
1 4/82	24. FUNERAL DIRE		Balta 227 8	Patan	21 225 1250 84	H RITO BY COST AR		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directic should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 22 hours off with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical examples mathed abone.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RACE Whi FIGHT TO. CITIZEN OF U.S. III. NAME OF IF NOT IN SI St.	ta	REAGAN JR. ATE OF BIRTH ONIT DAY 13, 1918 RRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	March 6. AGE (IN YEARS LAST BIR 65 9. BALTIMORE CITY O	6, 198 THDAY) IF UNDE	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN
Whi. FIGN 76. CITIZEN OI U.S. 111. NAME OF ST. FROME OR OTHER INSTITUTION	ta	DAY 13, 1918 RRIED NEVER MARRIED DIVORCED DIVORCED	9. BALTIMORE CITY O	YRS.	DAYS HOURS MIN
U.S. 11. NAME OF OFFICE OF THE PROPERTY OF TH	MA WIDG HOSPITAL, NURSING HO ICHEACILITY, GIVE STREET ADDRESS	OWED DIVORCED		R COUNTY OF DE	ATH
HOME OR OTHER INSTITUTIO		SL.	120. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF RATIFACT SU	Ora City ON 12b. F WORKING LIFE INC	KIND OF BUSINESS O
Baltimora	Ignes Hospita N. GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Baltimore		13-STREET ADDRESS 5554 Chan		
IF YES, GIVE WAR OR DATES)			ADDRE	ss 330 L	Thomas ambeth Roa
ICANT CONDITIONS (CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YES, WERI	E FINDINGS USED
DISE OF DEATH EXAMINER) 21e. PLACI	A.M. MONTH DAY Y P.M. E OF INJURY	19 211. LOCATION		YES	NO 🗌
nis hospital) attended olive on	the deceased from	and that in (my) (our) opinion DEGREE		27	that (1) (we) la from the couses stated 2c. DATE SIGNED
CAN MESTO MOVAL 236. DATE	HD 23E NAME	22e. ADDRESS 1900 Sulfles	DIRECTOR PHYSIC	le balls	Md. STATE
	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES) WW 2 Enter only one couse procause by CAUSED BY: MEDIATE CAUSE (o) DUE TO, (ibide the Due To, (U.S. ARMED FORCES? If YES, GIVE WAR OR DATES) WW 2 Enter only one couse per line-for (o), (b), and (c), (c) CAUSED BY. MEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE of the line for	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES) WW 2 217-05-8050 James T. Re Enter only one couse per line-for (o), (b), and (c).) CAUSED BY. MEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF thich (b) ICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM IN 19b. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM IN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED VING 18b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21b. TIME OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21b. TLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) DEGREE ATTENDING PHYSICIAN (DEGREE) AND PLANT (DEGREE) ATTENDING PHYSICIAN (DEGREE)	U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 217-05-8050 217-05-8050 217-05-8050 218-05-8050	T. Raagan Sr. Mary Ruth U.S. ARMED FORCES? 1866 SOCIAL SECURITY NO. 217-05-8050 James T. Reagan III -Baltimore Enter only one couse per line-for (o), (b), and (c). CAUSED BY: MEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF thich fliote the lost (c) CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INI IN 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216 PLACE OF INJURY HOUR A.M. MONTH DAY YEAR DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 216 PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 217 LOCATION STREET CITY OR TOWN CONDITIONS STREET, FACTORY, OFFICE, FARM, ETC.) 218 AUTOPSY? 219 A. , and that in (my) (our) opinion death accurred on the date and hour and folice on physician Director Physician

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the hospital ar attending physicio

BP.

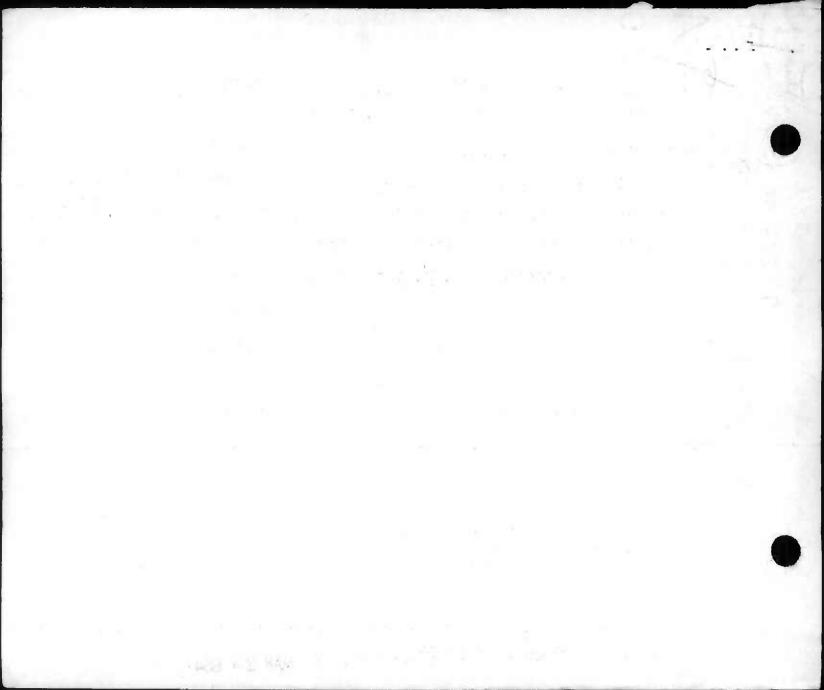
ACCIDENT SAME LANGUET BRANCE LAR Lineau City w 1 • T • T ned innoised weather and bestses indicated annual section 2100 as Parylend : doltkmore Foltkmore k sub- flatning host 21229 ngan Sr. Pary 211-96-8060 James T. Resgan 341 -Jolylosts, Nd. 21228 3/16/84 Roadourded and try "Leggis, & Juscell C. Mitche Functel Horse P. H. --Cida caronam view, Colorville, M. 21228

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

	1 -	FOR STATE	DEPART		EALTH AND MENTA		NE		
	1 050	REGISTRAR CEASED NAME FIRST	MIDDLE		AST		REG. NO. 2a. DATE OF DEATH MONTH DAY	YEAR	la violis
		OR PRINT)	D ' 1				March 26, 1984	TEAR	2b. HOUR
	1. SEX	Har	14 RACE	5. DATE C	eaver OF BIRTH			JNDER I YEAR	IF UNDER 24 HIKS
		Male	White	Sept	. 16, 19	09	74 YRS	ITHS DAYS	HOURS MIN.
81		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIE	9	BALTIMORE CITY OR COUNTY OF	DEATH	
D		aryland	U.S.A.	WIDOWE			Baltimore Cit	У	MD.
3		TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET The Johns H	ADDRESS)	or other institutions. Hospit		26 USUAL OCCUPATION (TELEST WORK FOR MOST OF WORKING LIFE)	Balt	O.City
3	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.	NTY 13c. CITY OR TOW	E ADMISSION)	13d. INSIDE CITY LIMI	ITS?	22 W. First Av	Garl ⁄e•	
20	4. FA	THER'S NAME illiam David	d Reaver	2	15 MOTHER'S MAIDE Floren		May	Jô	hnson
2	16a W	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166. SOCIAL SECULATION (1997) 166. SOCIAL SECULATION		Ruth B.	(Wif	e) - ADDRESS aver - Same as	#13	
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	nly one couse per line for (o), (b), on ED BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUI (b) DUE TO, OR AS A CONSEQUI (c)	ENCE OF	piraton e feat ascula	t a	alue Ocadear	104 4	MATERIALE NATIONS ET AND DEATH
/	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	acro	N WAS PERFORMED	nel	200 AUTOPSY? 206 IF YES, WIN CERTIFYIN YES [TO NO YES [VERE FINDIN NG CAUSES	IGS USED
2	52	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)	
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	19 FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a 1 certify that (I) (this hospi	itol) attended the deceased from 19 (19) view the body after death.	201	nd that in (my) (our) of	B4 pinion de	to to the dote and hour or		that (I) (we) lost
,		226. SIGNATURE LULL 224 PHYSICIAN'S NAME (TYPE OF	a holan		DEGREE ATTEND PHYSIC	ING IAN []	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE :	US9
/		Selle E	naku.		Johns +	log	Kuis Hospi	tail	
	23a. B	urial, CREMATION, REMOVAL SPECIFICATION	Maych 29, 23c Ce	NAME OF C	EMETERY OR CREMAT	tory (y Brooklyn A	YUNTA .	Marÿland
		ingleton Fun	Bulling Gre	nBuri	1 3/7	MAR	REC'D. BY REGISTRAN 251, REGISTRAN 29 1984 Julia Dau	r's signati	

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If hem 21 is marked or from 18 sha



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH MONTH 2b. HOUR 45 Moses RECEN IF UNDER 24 HRS A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 7(23 YRS BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED [12b. KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH CHARLES GENERAL HOSPIT GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION 136. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 3325 Avondale Avenue 21215 Baltimore YES X NO [15. MOTHER'S MAIDEN NAME AA IPSDIE LAST Regan Eleanor Regan 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO. I (IF YES, GIVE WAR OR DATES) 29-05-0673 Deborah Regan 5310 Cordelia Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and (c) PART I. DEATH WAS CAUSED BY: Heartforline i Cordicie met IMMEDIATE GAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Caroliany ofm DUE TO, OR AS A CONSEQUENCE OF coursen Ir PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES T NO [NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.? certify that (I) (this haspital) attended the deceased from 84 sow the deceased alive.on and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (ald not) view the body after death 22c. DATE SIGNED DEGREE MIS ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME IT IN OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE SPEURIAL

3/10/84

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Arbutus MEmorial Pk

23d. LOCATION Arbutus,

STATE Md.

24 FUNERAL DIRECTOR DHMH - 16 50M 4/82

CERTIFICATION

any

9

fem

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marked

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MPORTANT

(VRA 15, 4)

- STATE

(TYPE OR PRINT)

3 SEX

REGISTRAR

To BIRTHPLACE (STATE OR FOREIGN

N. Carolina

William

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse lost.

19a DATE OF OPERATION

21d. INJURY OCCURRED

22h SUBMITARLURE

NOT WHILE

WHILE

10. CITY OR TOWN OF DEATH

BALTIMORE

Maryland 14. FATHER'S NAME

(YES NO OR UNKNOWN)

YES

I. DECEASED NAME

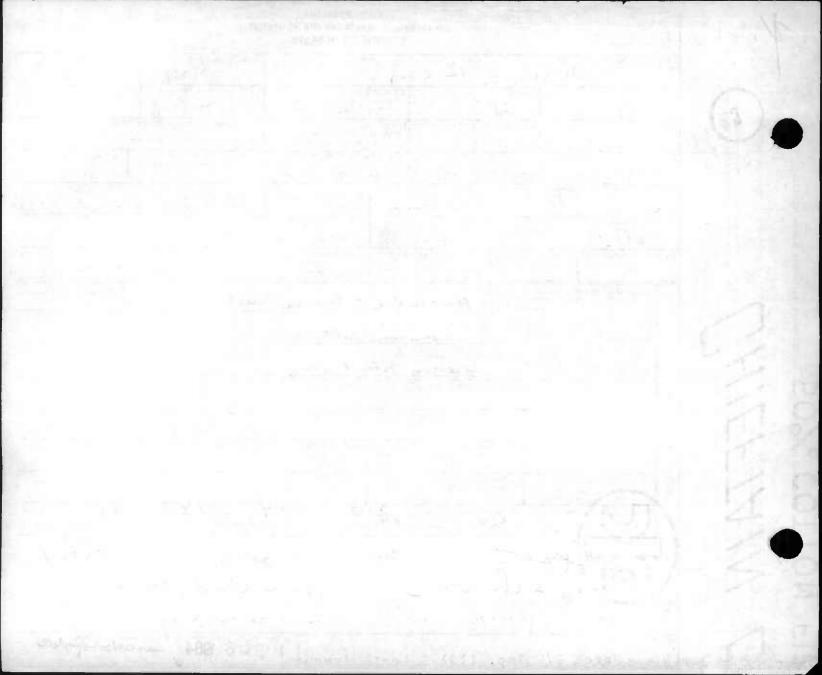
COUNTRY

13a. STATE

Wm C March F/H Inc. 1101 E North Avenue

ADDRESS

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNAFORE



DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN			CEKITFIC	AIE OF DEATH	REG.	NO.		
	DECEASED NAME (1)	MST: A	NIDDLE	LAST		20 DATE OF DEATH	MONTH D	DAY YEAR 21	HOUR P
1"	the second secon	NES	-	REHB	ETN	3-1-84			11:59
3.	SEX	4. RACE		S. DATE OF	BIRTH	6. AGE (IN YEARS LAST		" GIIDEN I TEAN	UNDER 24 HRS
	Female	Wh:	ite	March	9, 1903 YEAR	80	YRS.	DATS P	MIN.
H	BIRTHPLACE STATE OR FORD	76. CITIZEN OF	WHAT COUNTRY?	AAA PRIED	☐ NEVER MARRIED ☐	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
7	Maryland	United	1 States			BALTI	MORE C	CITY	MD.
2)0	CITY OF TOWN OF DEATH	11. NAME OF H		HOME OR	OTHER INSTITUTION	12a USUAL OCCUP.		12b. KIND OF E	BUSINESS OR
Я.	BALTIMORE	THE J	OHNS HOL	PKINS	HOSPITAL	House-w		Home	
U	SUAL RESIDENCE (IF NURSING		GIVE RESIDENCE BEFORE A		3d. INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP CODE		
1	Maryland		Baltimon		YES NO		ambridge		1231
14	FATHER'S NAME	MIDDU	LAST	13	S. MOTHER'S MAIDEN NA	MIDDLE		1AST	
W	Martin	-	Connor		Sarah	-		Kelly	
160	(YES, NO OR UNKNOWN)	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166. SOCIAL SECUR	ITY NO. 1	7 INFORMANT	ADI	Colu	mbia, Md	/21044
L	NO -		212-09-63	385	William F.	Rehbein	4963 W	oodward	Gardens
Г	18 CAUSE OF DEATH		fine for (o), (b), and	(c).1		1		BETWEEN ON	TE INTERVAL SET AND DEATH
П	PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	Respir	ator	1 Ames	4			
П	DUE TO, OR AS A CONSEQUENCE OF								
1	Canditions, if any, which (b)								
1	cause (a), stating	gave rise to immediate course (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
	underlying couse lost.								
1,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO			ATH BUT N	OT RELATED TO THE TER	1 /	1 1	EN IN PART TIO	_
13	lent	taillive	, is che	mi	damage	1200 AUTOPSY?	1	WERE FINDING	SUSER
1 3	No. DATE OF OPERATION THE DATE OF OPERATION	N 196 CONDI	TION FOR WHICH C	PERATION	WAS PERFORMED 4		IN CERTIF	YING CAUSES O	F DEATH?
4		YING T 21b, TIME O	E IN LICIDY	- 1	21c HOW INJURY OCCU	YES NO		S	NO []
		TIOUS A	M. MONTH DAY		ZIC HOW INJURY OCCU	(ENTER NATURE OF	NJURY IN HEM 18 PA	ARI I OR PARI 2)	
1	THE BUILDING COURSED			19	III LOCATION				
1 9		FAT HOME STE	DEET, FACTORY, OFFICE, FAR		STREET	CITYO	RTOWN	COUNTY	STATE
	AT WORK 1115 AT WORK			/	10	2-	-1	10 84 14	nt (l) (we) lost
1		22a.1 certify that (I) (this hospital) attended the deceased from							
1	aboye, ()) (we//d/d)	(did not) view the body	ofter death.	DF	GREE A			22c. DATE SI	GNED /
1	The state	Athan Klusst			ATTENDING PHYSICIAN		TAFF	3-1.	84
+	224 PHYSICIAN'S NAME	TIAM ON MINIT			22. ADDRESS			-BALTO-	05 MD
1	Total	Land R K	wa ih.		600	N. WOLE	Kins -	103	When I
71	BE BURIAL CREMATION, REA	MOVAL 23b. DATE	23c N/	AME OF CEA	METERY OR CREMATORY	236. LOCATION		- 0.	
1	Discoult	March			Cemetery	CITY OR TOWN	Balti	more Co.	, Md.
24	FUNERAL DIRECTOR	1			25a D.A	TE REC'D BY REGISTE	AR 256 REGIST		
	Lilly & Zei	ler Inc. 19	Ol Easter	n Ave.	/21231	MAR 7 198	a guna	Printings,	

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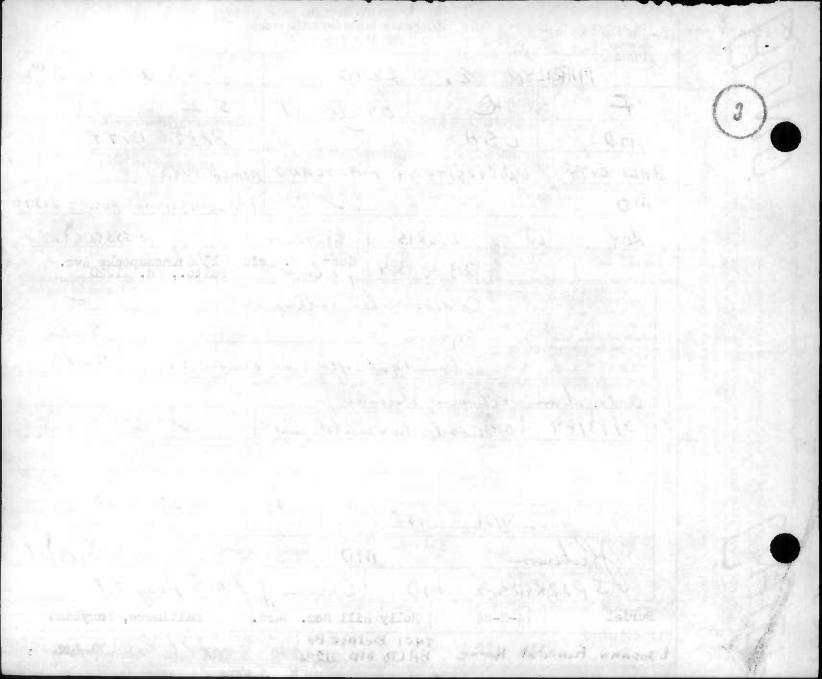
minist. M. Pide Co.

Buria: March 5 % Daklern Cemercy - - Felician Co. Ma.
Lilly * Felica Inc. 1901 Bastonn Ave./21 71 WAR / W.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

& Item	4 per	ph.	FOR 16/84 k STATE 16/84 k	g	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		
2 2	60		EASED NAME FIRST MAR	ILYN	MIDDLE &	RE	AST ID	20. DATE OF DEATH MON	29 84	2 PA
6	1	3. SE)		4 RACE Whice	e	S. DATE C	F BIRTH DAY YEAR 3	6. AGE (IN YEARS LAST BIRTHDA	Y RS. IF UNDER 1 YEAR MONTHS DAYS	
	18%		OUNTRY)	76. CITIZEN OF	WHAT COUNTRY	? 8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OR CO		MC
other de	1		ALT CITY	(IF NOT IN SU	HOSPITAL, NURS	ING HOME C	ARTLAND	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEM A KES	PRKING LIFE) INDUSTRY	OF BUSINESS OR
VD 2120 24 hours	150	USU	AL RESIDENCE (IF NURSING HO			RE ADMISSION)	13d. INSIDE CITY LIMITS?	1306 CHESAP	P CODE	2122
d within pletely f	3/	14. FA	THER'S NAME	MIDDLE	NOR P	15	15. MOTHER'S MAIDEN NA. FIRST GELTRUD2		MESSER	ISER
swetcher and con	2		VAS DECEASED EVER IN U.S	S. ARMED FORCES? S. GIVE WAR OR DATES)	16h SOCIAL SEC		George W. R	eid 1306 Ch	esapeake A	7
L. BALTIV	popers. I haval. ent. the		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	AUSED BY:	er line for (a), (b), o		a college	se	APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
arth certic	e carbon in, or rem imatic ev		6829 IMME		OR AS A CONSEQUENCE	UENCE OF	we conju		5	who
W. PRES	cremotic other trou		gove rise to immediat cause (a), stating th underlying cause las	e DUE TO, C	OR AS A CONSEQ		Luft lessin	obicesses	5.	uls.
DS, 201 quires th	hen pho to buriol sjery, or	NO	PART 2. OTHER SIGNIFICA	INT CONDITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART 1	Ia
RECOR	ne prior	CERTIFICATION	190. DATE OF OPERATION	19b. CONI	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED		Db. IF YES, WERE FIND I CERTIFYING CAUSE YES	
SEVITA SAN, The physics sufficient	in 16 sho	1000	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	OF DEATH HOUR	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
DIVISION OF ING PHYSICIA Cottending pi	the borit	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED NOT WHILE	21e PLACE	P.M. E OF INJURY STREET, FACTORY, OFFICE		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ENDING Tel er o	Health I is mad		22e I certify that (1) (this saw the deceased aliv	' ' ' ' ' '	the deceased from		nd that in (my) (aur) apinian	death occurred on the date	19 Syland have and Iram th	, that (I) (we) last
Ne houp	Dept of		abave, (I) (we) (did) (d 22b. SIGNATURE	id nat) view the bod	ly after death.		DEGREE ATTENDING	MEDICAL STAFF	- Jones	129/54
HOSPITAL Med by I	the State		22d. PHYSIAN'S NAME (w m	2	PHYSICIAN [I director PHYSICIAN	1/	1211
54 5	Mary Mary	23a.	BURIAL, CREMATION, REMO	2KERSE 23b. DATE 4-2-8	230	NAME OF C	EMETERY OR CREMATOR Hill Mem. Gar		more, Wir	y l and ^{state}
BP DHMH - 16	50M 4/83	24 F	UNERAL DIRECTOR		472	101 B	elme Rd. 250. DA	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNA	ATURE
(VRA 1	5, 4)	P	assann tun	4001 140	me B	HLM!	MD. 2123APR	J 1984 944 C	Davidson-Man	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

certificate has been signed

4	B)
	24 hours after death. Page 4 may be	filled in by the funeral director, page 3 gold be filed within 72 hours after death
	24 haurs	filled in b

STATE OF MARYLAND

ENE)	7

1 - STATE REGISTRAR	DEPARTI	CERTIFICATE OF DEATH	REG. NO.
1. DECEASED NAME FIRST	WIDDLE	REINHARD	26. DATE OF DEATH MONIH DAY YEAR 26. HOUR MARCH 16, 1984 6:45p
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE [IN YEARS LAST BIRTHDAY] IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE	6 17 191	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Germany	75. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	Baltimore City OR COUNTY OF DEATH Baltimore City M
Baltimore	(IF NOT IN SUCH FACILITY GIVE STREET	ADDRESS) ADDRESS) Hospital	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Self-Employed Bakery
Md.	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION) 13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP CODE 7 N. Hilton St. 21229
14. FATHER'S NAME FIRST	MIDDLE	15. MOTHER'S MAIDEN N	AME MIDDLE LAST
unk	nown	Pauli	ine Kollmer
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL SECU	JRITY NO. 17 INFORMANT	ADD 35206 Parkside Dri
no	213-62-	2146 Paula Szy	manowski (dghtr) 21214
PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING	Daism	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	VIV 216. TIME OF INJURY	10 110 1110 1110 110	YES NO YES NO
00 00 00 00 00 00 00 00 00 00 00 00 00	EATH HOUR A.M. MONTH? D		RRED (ENTER NATURE OF INJURY IN 11EM 18 PART I OR PART 2) L striking head
OR CONTINBUTING CAUSE OF D [IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE X X AT WORK NOT WHILE X X	21e PLACE OF INJURY (AT HOME, SIREEL FACTORY, OFFICE, F	FARM, ETC) 211. LOCATION 7 N. HILTO	n Street Baltimore, Maryland
sow the deceased alive a	on 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE	to the dot on the dote and hour and from the causes stated 22c. DATE SIGNED
David	OR PRIMI	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [] 3/16/84
23a BURIAL, CREMATION, REMOVA	AL 236. DATE) 23c 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN COUNTY STATE
Burial	3/19/84 T.	oudon Park	Baltimore. Md

TO FUNERAL DIRECTOR: After this

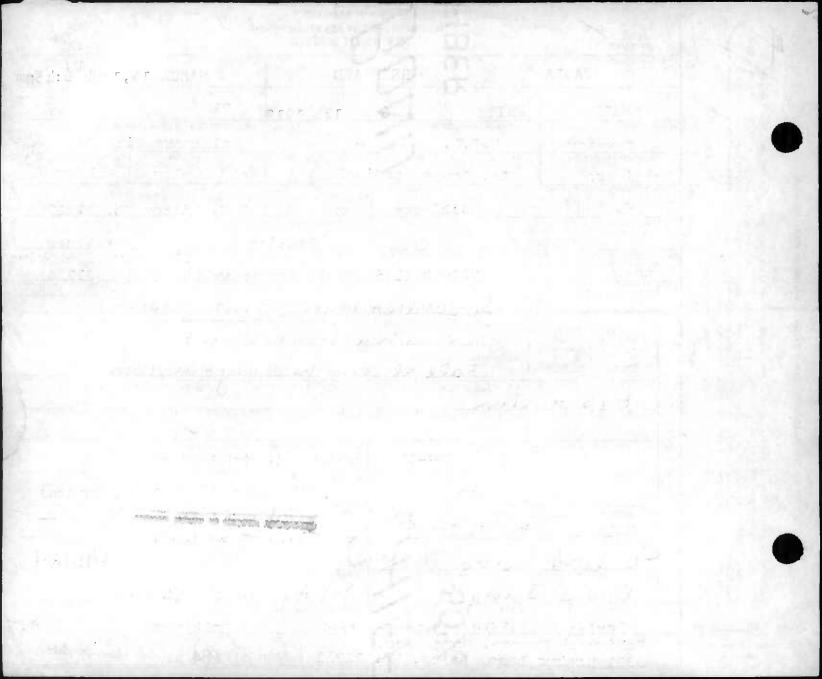
DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Hem 21 is marked at Item 18 shows any injury, at other traumatic event, should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar

> 3331 Brehms Lane, Balto. Md. 21213

MAR

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
MAR 20 1984 Julia Davidson-Randare



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TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and campletely filled in by the funeral directors should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 sfould be filled within 22 hours of with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.
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MPORTANT: If them 21 is marked or them 18 thous any injury, ar ather traumotic event, the medical

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH CERTIFICATE		ENE REG. N		
1. DE	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	ORPRINT) EMMA	M. REI	TER		MAR	4, 1984	Z M
3. SE	X	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		
1	F	W	MONTH /2	3/92	92	YRS.	S HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED N	EVER MARRIED T	9 BALTIMORE CITY	R COUNTY OF DEATH	
	MD.	USA		DIVORCED	BALT	TO, CIT	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	SING HOME OR OTHE		12a USUAL OCCUPAT		OF BUSINESS OR
	BALTO	IF NOT IN SUCH FACILITY, GIVE ST	VILLAGE	N, H	TYPE OF WORK FOR MOST OF	VE	Y
13a.	AL RESIDENCE (IF NÜRSIN 1001) STATE	TITUTION GIVE RESIDENCE BE 13c. CITY OR T JARRE			13e STREET ADDRESS	21084 OUT FARM	n RD
14. F/	ATHER'S NAME	10.05	15. MO	THER'S MAIDEN NAM			
1	EDWARD	MIDDLE LAST	00	I D A	TAYLO		LAST
34n \	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIALS	FCURITY NO 17 INF	ORMANT	ADDRI		
		VE WAR OR DATES!		VISE K	EIM	ABOV	"E
	18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b)	, and (c).)	<i>-</i> /	0 .	APPRO BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DE ATH WAS CAUSED BY. IMMEDIATE CAUSE (0) C. V. A. C. H. F V. SARROTTIVE A						
	4292 DUE TO, OR AS A CONSEQUENCE OF						
	Conditions, if any, which (b) ACCO						
	gove rise to immediate						
	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF underlying couse last.						
	DART 2 OTHER SIGNIFIC AND	CONDITIONS CONTRIBUTING	TO DE ATH BUT NOT BE	ATED TO THE TERMS	NAL DISCASE OR CON	DITION CIVEN IN DART	1/
Z	Part 15	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT KE	LATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART	110
CERTIFICATION	19a, DATE OF OPERATION	196 CONDITION FOR WH	ICH OREBATION WAS	DEDECIDATED	20a AUTOPSY?	206. IF YES, WERE FIND	DINGSTISED
5	170. DATE OF OPERATION	170 CONDITION FOR WA	ICH OFERATION WAS	PERFORMED	200 AUTOF31	IN CERTIFY ING CAUSE	ES OF DEATH?
E					YES NO	YES 🗌	NO 🗆
	71a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		DAY YEAR	DW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
S	(IF EITHER, NOTIFY MEDICAL EXAMINE	AIR	19				
MEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY		CATION	CITY OR TO	wn county	STATE
¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC }	STREET	CITORIC		STATE
		ottended the deceosed fro	m 4/15	19 78	_, to	19.84	, that (1) (we) last
	sow the deceased alive or	ot) view the body after death.	9 8 , and that is	n (my) (eur)-opinion de	eath occurred on the d	ate and hour and from th	he couses stated
	77b. SIGNATURE	O -	DEGREE			27c. DA	TE SIGNED
	July -dh R	. J.h. 1-	hoo	ATTENDING PHYSICIAN	MEDICAL STA		6184
	270 PHYSICIAN'S NAME TYPE	OR PRINT)	727e Al	DRESS	DIRECTOR TITTOR	The state of the s	701
	JOSEN4 R	· LIBERTU,	MO 30	508 BH	15 St-1	Bull me	1 2/44
23a	BURIAL, CREMATION, REMOVAL		30 NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION		
	BURIAL	3/7/84	SACRED	HEART	BAL	TO, COUNTY	1 D STATE
24. F	UNERAL DIRECTOR				REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN.	ATURE
7	-G. CONNE	114 30	O MACI	- AAA	P 0 4004	Sulia David	- Mandage
2/	1-1 (UIVIVE	664 510	e MACI	= I IV:A	R 9 MXA	- TUNUD DECTOR SON	- Junga se

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

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Mental Hygiene priar permit. any shaws

21 is marked on tem 18

MPORTANT: If Item

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should be detached far with the State Dept. of 1

CERTIFICATION

MEDICAL

DECICTOAD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR			REG. NO.		
DECEASED NAME FIRST (TYPE OR PRINT) Katherine	MIDDLE	Rellihan	20. DATE OF DEATH MONTH	4 84 4 84	26 HOUR
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	White	9 16 02	8/ YRS.	MONTHS DAYS	HOURS MIN.
Mary and	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NORCED DIVORCED	Baltimore City or Count	YOFDEATH	M
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	1	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L		F BUSINESS OR

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130, STATE
113b. COUNTY
113c. CITY OR TOWN 130 STREET ADDRESS / ZIP CODE 100 W. Ostend St. Balto. Md. 21230 Baltimore Maryland NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Becken atherine norion 17. INFORMANT 16a. WAS DECEASED EVER ARMED FORCES?

(YES, NO OR UNKNOWN) Mr. George (. Volkman, 13623 (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), and (c).) BY: ASCV	BETWEEN ONSET AND DEAT
IMMEDIAT	E CAUSE (o)	
4029 Conditions, if only, which	DUE TO, OR AS A CONSEQUENCE OF	
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED		20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART ?)	

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d IN JURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION

COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from that (I) (we) last

sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death 22h, SIGNATURE DEGREE

	THISICIAN DIRECTOR PHISICIAN	
22d. PHYSICIAN'S NAME (TYPE OF PRINT)	22e. ADDRESS	
7 21		

SOICY HON0185 30 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL

(SPECIFY) Burial Glen Haven Mem. Park

24 FUNERAL DIRECTOR Mc Willy Funeral Home, 130 E. Fort Ave. Balto. Md.

DHMH - 16 50M 4/83

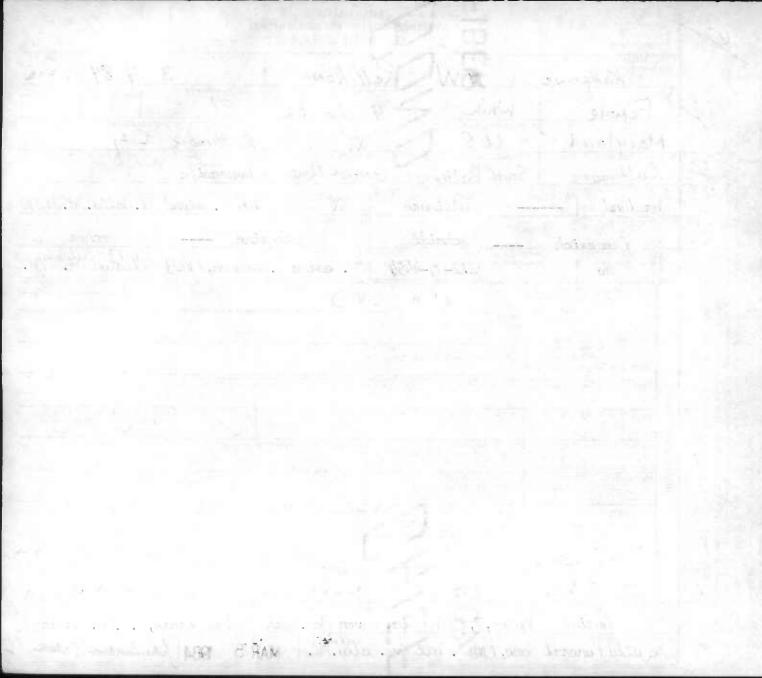
(VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been

MEDICAL

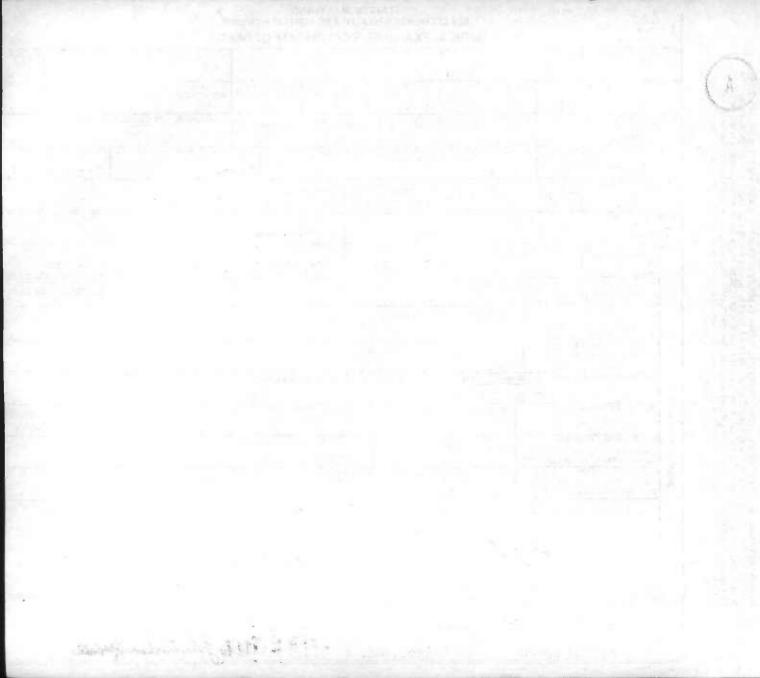
STAFF



BP_ **DHMH - 17** (VR AT5 ME (5)) 20M 4/82

STATE OF MARYLAND

П		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
1		TATE EGISTRAR		ME	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
Ì		EASED NAM	E FIRST		MIDDLE		LAST	Ze. DAT		AONTH DAY YEAR	26 HOUR	
-	(TYPE	OR PRINT)	Nancy	.1	ean	Re	nshaw	OF DEAT		/30/84 19	,	
1	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE	(IN YEARS IF U	NDER 1 YR. IF UNI	DER 24 HRS. 2c. DA	TE MC	ONTH DAY YEA	7 HOU	
-	1	Fema 1	e White	8 8		BIRTHDAY) MON	THS DAYS HOURS	MIN PRONO	UNCED 3	/30/84 19	A	
1		THPLACE (S		7b. CITIZEN OF W		Ta.	- M	9 BALT		OUNTY OF DEATH	74	
7		Mary la	and	U.S.			RIED X NEVER MA	ORCED Balt	imore Cit	tv		
		Y OR TOWN			SPITAL, NURSING			120. USUAL OCC	UPATION (TYPE OF V	WORK 12b. KIND OF		
1	R=	ltimor	re /	I I NOT IN SUCH F	ACILITY, GIVE STREET ADE	oress)	hock Trau	FOR MOST OF V	/ORKING LIFE)	OR INDU		
-	1			OR OTHER INSTITUTION, G	GIVE RESIDENCE BEFORE A	(DMISSION)	iock irau				of Md	
	13a. ST		134 COTTH	MY A	13c. CITY OR TO		13d. INSIDE CITY LIMIT			21.00	,	
4	14.54	Md.		CAN	Chester	rtown	YES NO		- Box 16	21620)	
7	10	FIRST		MIDDLE	LAST		FIRST		MIDDLE	LAST		
4		lmage	A.R		Strong	CLIDITY NO	Flore	nce	ADDRESS	Morgan		
	I YE	MAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) I IF YES, GIVE WAR OR DATES)						¢				
					220-26-		I Mr. Mo	rris L. Re	nshaw - S			
		18. CAUSE C	OF DEATH (Enter on	nly one couse per lin							ATE INTERVAL	
1		IMMEDIATE CAUSE (o) Cerebral Injury										
232	DUE TO, OR AS A CONSEQUENCE OF											
	- 1		ins, if any, which ise to immediate									
		couse (o) stating the under-	DUE TO, OI	R AS A CONSEQUE	NCE OF						
		lying co	ose iosi.	(c)							- 100	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 INC.										
	ON	Metastatic Carcinoma										
	Y	190 DATE OF OPERATION 196. CON			IDITION FOR WHICH OPERATION WAS PERFORMED?				20 AUTOPS	SY?		
	CERTIFICATION								YES , _	NO X		
	W CE				A.M. MONTH DAY YEAR		OW INJURY OCCU	JRRED (ENTER NATURE OF	INJURY IN ITEM 18 PART	1 OR PART 2)		
	14	UNDERLYING	G L♣OR ING ☐ CAUSE OF	bject fell								
	EDICAL	21d. INJURY	OCCURRED	21e PLACE	OF INJURY AT HO	DME, 211. LC	OCATION STREET				*****	
	12	WHILE INDIVINE			nome Rt		***			hestertow	n.Kent	
	2	MA										
	22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection X. Inquiry . and in my opinion											
		deoth resulted from: Notural causes 4. Accident XX, Suicide 1, Homicide 1, Undetermined manner 1,										
		ACTUAL TITLE (SPECIFY)										
	SIGNATURE										DATE SIGNED 3/30/	84
		EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St., Balto., Md. 21201										
		(TITE ORTE					ADDRESS.			IIG. ZIZUI		
	23a.BL (Si	PECIFY)	ATION, REMOVAL		23c NAME C	OF CEMETERY	OR CREMATORY	23d. LOCATION	4	COUNTY	STATE	
	24 €1	NERAL DIRE	emova 1	4/4/84			Die De	ATE REC'D. BY REGIST	PAR 125h RECLIETE	APS SIGNATURE		
	24. PU	NAME		ADDRES		44.1	APR	1 (1900m d	Sin Tours	Dayles.		
		Ar	natomy Ro	ard	Ralto	Md		一いまを用すって、	mount annual MCGG.	- A Total Building		



STATE UF	HAKTLAND	- 0
DEPARTMENT OF HEALT	H AND MENTAL	HYGIENE
CERTIFICAT	E OF DEATH	

1 - STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST [TYPE OR PRINT] ETHEL	MIDDLE	RENT	26. DATE OF DEATH MONTH	21 84 129 p.M
Female	4 RACE White	5. DATE OF BIRTH MONTH DAY MAY 12, 190	6. AGE (IN YEARS LAST BIRTHDAY) 4 79 YR	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
o. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY	RARRIED NEVER MARRIED WIDOWED DIVORCED		
Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION (T ADDRESS) City Hospital	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN Housewife	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
SUAL RESIDENCE (IF NURSING HOME O 36 STATE 131 COU Maryland Ba	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 1 timore 131. CITY OR TOW Dundal			Place 21222
EATHER'S NAME FIRST Benjamin	MIDDLE WIESS	is mother's maide		Stengel
(YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SEC VE WAR OR DATES) 218–12–		ADDRESS • Valis 8433 Will	ow Oak Rd. 21234
18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), a	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH

18 CAUSE OF DEATH (Enter only one cor PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	ALDID ATTICAL	BETWEEN ONSET AND GEATH
4280 DUE Conditions, if any, which	TO, OR AS A CONSEQUENCE OF MENTAL STATUS	Zuks
	TO, OR AS A CONSEQUENCE OF STIVE HEART FAILURE	30/2
	DNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART I (o

			YES NO	YES	NO [
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJUI		
21d INJURY OCCURRED WHILE NOT WHILE STWORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE

220.1 certify that (1) this hospital) attended the deceased from and that in (ny) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

ATTENDING

There silver	-> N	no	PHYSI	CIAN [] DIRECTOR [PHYSIC
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	1	22e ADD	RESS			1.4
	7 0	0	-		A	1 110

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

DONNEMBER	G, MICHA	IS BALTO	CITY HOSP
23a BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION
(SPECIFY) Burial	Mar 24 1984	Parkwood Cemetery	Baltimore

24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

Maryland 256. DATE RECD BY REGISTRAR 256 REGISTRAR'S SHOWATURE

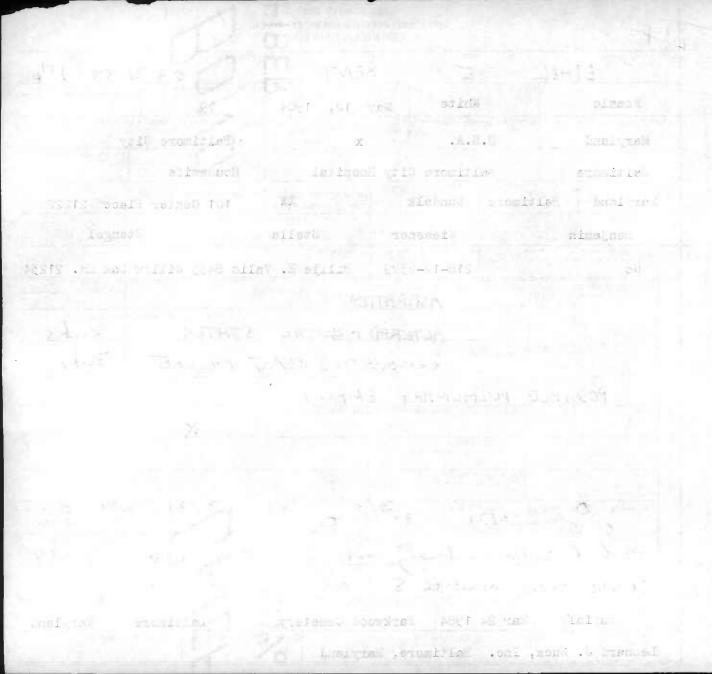
20b. IF YES, WERE FINDINGS USED

20a AUTOPSY?

MEDICAL

DHMH - 16 50M 4/83

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	0	3	*	
	REG. NO). =		

1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO)		
1. DEC	CEASED NAME	FIRST		WIDDLE		LAST	2a. DATE OF D	EATH	MONTH D	DAY YEAR	26 HOUR
(146)	OR PRINT)	Willi	am F	rancis	Reyn	nolds Sr.	March	30,	1984	4	7 29
. SEX	Male		4. RACE Wh.	ite	S. DATE O	OF BIRTH 7, DAY 1 91 YE 7 P	6. AGE (IN YEAR	RS LAST BIRT		FUNDER 1 YEAR	HOURS MIN
	RTHPLACE (STATE OF COUNTRY) Virginia			WHAT COUNTRY?	8 MARRIE WIDOWE	DXXNEVER MARRIED DIVORCED	9 BALTIMORE Ba				M
	TY OR TOWN OF DE Baltimo		St. A	HOSPITAL, NURSIN THE FACILITY, GIVE STREET, TOS TOS	G HOME (ADDRESS) Splta	OR OTHER INSTITUTION	120. USUAL OC (TYPE OF WORK FO Sales	OR MOST OF	F WORKING LIFE	E) INDUSTRY	OF BUSINESS O
Ja S	AL RESIDENCE OF NU STATE aryland	13h. GOUN		GIVE RESIDENCE BEFORE 13. CITY OR TOWN M111ers		13d. INSIDE CITY LIMITS?	234 G	DRESS / Lend	ZIP CODE a Co	urt	21108
FA	John	С		eynolds		Hilda		MIDDLE		Bar	nsley
_(1	VAS DECEASED EVE YES, NO OR UNKNOWN) CS		VE WAR OR DATES)	21 3 · 03		Mrs. Anne		addre yno		Same	as #1
TION		GNIFICANT ((c)CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM				EN IN PART 11	
CERTIFICATION	19a DATE OF OPER	ATION	196. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES N	40	IN CERTIFY	YING CAUSES	
MEDICAL CE	218, ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 218, INJURY OCCU	CAUSE OF DEA	ATH HOUR A.	OF INJURY .M. MONTH DA .M. OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)	
MEL		WHILE		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
		osedalive on	7 120	19 8		nd that i (my (our) apinion	death accurred	on the do	ote and hour	r and from the	
	22d PHYSICIAN'S I	ien)	2. Has	brik		ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF PHYSIC	IAN	22c DATE	ESIGNED
			Hoebid	ch, Md.		St. agre	us the	sign.	and		
- (BURIAL, CREMATION (SPECIFY) Burial		²³ Apri 1984			cemetery or crematory aven Mem. P	23d LOCATI CITY OR rk Glei	n Riix	cnie	A.A	Maryl
	ingletor	n Fun	lm eral H			nie, Md App	'E REC'D. BY REC	SISTRAR	256. REGISTE	rar's signa	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been upned by the attending physics should be detached for use as the burial-transfer permit. Their plates remove carbanpapes with the State Dept. of Health and Mental Hygeria prior to burial, cremation, or removal.

MPORTANT; If Item 21 is marked or Item 18 shows any

executed within 24 hours after death. Page

FOR STATE

STATE OF MARYLAND

STATE OF MARIENIES
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
(TYPE OR PRINT)	VIN	RICHARDSON	MARCH 4, 198	84 10:24 _M
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONIHS DAYS HOURS MIN.
> Male	Black	8 26 61	2.2 YRS	MONTHS DATS HOURS MIN.
G. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	7? 8. MARRIED NEVER MARRIED	1. BALTIMORE CITY OR COUNT	Y OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE (CITY MD.
. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
BALTIMORE	THE JOHNS I	HOPKINS HOSPITA	AL (TYPE OF WORK FOR MOST OF WORKING	INDUSTRY
USUAL RESIDENCE (# NURSING HOME 13a STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		IS: 13e STREET ADDRESS / ZIP COL	or .
Maryland	Baltin			erson St.21205
14 FATHER'S NAME		15. MOTHER'S MAIDE	NNAME	CIOCH DC.LLC
Joe	W. Richard	dean Alba	rtha	Porcher
160 WAS DECEASED EVER IN U.S.			ADDRESS	rorcher
(YES, NO OR UNKNOWN) (IF YES,	219-84	-3809 Joe W. R	ichardson 2402	F Jefferson St
	only one couse per line for (a), (b), a		ichardson 2402	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY:	opulmenary a	rmst	minutes
2040 MMEDI	IATE CAUSE (6)	, , , , , , , , , , , , , , , , , , ,	, , , ,	1
Condition if you list	DUE TO, OR AS A CONSEQ	UENCE OF L. VIM ALACHT	to Leveling	12/8/7 present
Conditions, if any, which gave rise to immediate	(b)	VALLINGE	T C F C F C C C C C C C C C C C C C C C	
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF		
DARK C. OTHER SIGNIFICANT	(c)	205 1711 2017 1107 251 1752 70 7115		25.14.15.15.1
	LONDITIONS CONTRIBUTING TO		TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	TIBL CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
E ING. DATE OF OFERATION	- 190. CONDITION FOR WHIC	TOPERATION WAS PERFORMED	IN CERT	IFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY	11- 110 1/1 1/1 1/1 1/1 1/1 1/1	0 0	/ES NO
00.000.000.000.00	The same of the same of the same of	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
1 (IF EITHER, NOTIFY MEDICAL EXAMI		19		
OR CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTION CO	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION STREET	CITY OR TOWN	COUNTY
AT WORK NOT WHILE AT WORK		2/1	01 3/4	012
	spital) attended the deceased from	VIC	07, to 3/7	., 19, tho (1) (we) lost
	nat) view the body after death.	ond that in (my) (our) ap	inion death occurred on the date and ha	our and from the couses stated
22b. SIGNATURE	15 1/2	DEGREE		22c DATE SIGNED
10	July 2	MID - ATTENDI		3/4/84
224. PHYSICIAN'S NAME (TYP	E OR PRIVITI	22e. ADDRESS	C = (b.1)	0 1.1
Kevir	5 M PMI. FI	145009	ITE ST- NOUTW	me, with
230. BURIAL, CREMATION, REMOV		. NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION	
ISPECBURIAL	3/9/84 L	aVence Cemeter	y Huger,	S.C. STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the hospital

TO HOSPITAL

TO FUNERAL DIRECTOR? After this certificate has been signed by the attending physicishauld be detached for use as the build-transit permit. Then please semone corbod appear with the State Dept. of Health and Mental Hygiene prior to build! Aremation, or removal.

m 21 is morked or Item 18 shaws any injury, or other troumatic event,

IMPORTANT. If Her

Wm C Marc F/H Inc. 1101 E March North Avenue

250. DATE REC'D. BY REGISTRAR UNINEGISTRAR'S SIGNATURE

NAR 7 CR4

WIND DICONNA

THE PART OF STATE OF

MARY THE PARTY THE PROPERTY OF THE PARTY OF

	FOR STATE REGISTRAR			PEPARTMENT OF H	ER'S CER	D MENTAL		TH REG.			
	ECEASED NAM YPE OR PRINT)	Charle	es Ju	nior	Ride	er		20. DATE KNOWN OF ESTI- DEATH MATED		1/84 ₉	2b HC
3. SE Ma	ale		DATE OF BIRTH	9 28 6. AGE (IN YEAR LAST BIRTHDAY	Y) MONTHS	TYR. IF UNDER	R 24 HRS.	2c. DATE PRONOUNCED DEAD	3/1	1/84 ₁₉	II:
√ E E E E E E E E E E E E	BIRTHPLACE (S FOREIGN COUNTRY) Test Vi	irginia 7b	U.S.A		MARRIED WIDOWED	NEVER MARK	RIED 🗆	9. BALTIMORE CIT Baltimo	_		
0		altimore	2000 O'd	PITAL, NURSING HOME, ILLITY, GIVE STREET ADDRESS) Dell Ave., F	Rm. 306		FOR	JAL OCCUPATION MOST OF WORKING LIFE) AUFFEUR		OR INDUS Cont.	STRY
130	STATE arylan	113h COUNTY	THER INSTITUTION, GIVE	Baltimore	13d	INSIDE CITY LIMITS? ES.X NO [eet address 00 Ode11	Ave.	Rm.	306
14. F	FATHER'S NAME Holly	E	MIDDLE	Rider		Mother's Maid	EN NAME	F.		Dooley	y.
	WAS DECEASE (YES, NO, OR UNKNO NO	OWN) (IF YES, GIVE WAR	R OR DATES)	166. SOCIAL SECURITY 722-03-648		arolina	A.	Parker.			234 le S
	PARTIDE	DF DEATH (Enter only of EATH WAS CAUSED B' IMMEDIATE (ons, if any, which ise to immediate	Y: CAUSE (o) Ar	for (a), (b), ond (c).) rteriosclero AS A CONSEQUENCE O		ardiovas	cular	Disease		APPROXIM BETWEEN ON	ATE INTERVA
		i) stating the <u>under-</u>		as a consequence o)F						
NO		oronic alco		IUT NOT RELATED TO THE TERMIN	NAL OISEASE OR (ONOITION GIVEN IN P	ART 1 io				
CERTIFICATION	19a DATE OF	FOPERATION	19b. CONDITI	ION FOR WHICH OPERA	ATION WAS F	PERFORMED?				20. AUTOPS	
) 2	UNDERLYING	AL CAUSE WAS G OR ING CAUSE OF DEA		MONTH DAY YEAR		INJURY OCCURR	ED LENTER	NATURE OF INJURY IN ITEM	A 18 PART 1 OR PAR	т 2)	
MEDIC	21d. INJURY O	OCCURRED NOT WHILE		OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCAT			CITY OR TOWN	COL	INTY	STA

21e PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED STREET CITY OR TOWN COUNTY NOT WHILE AT WORK 22a. I certify that I taok charge of the remains described above, held pr Inspection and in my opinion Homicide Undetermined monner death resulted from TITLE (SPECIFY) ACTUAL 3/12/84

STATE

Md.

EXAMINER'S NAME Smith. ADDRESS 111 Penn St. Md. (TYPE OR PRINT)

236. BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) Cremation Mar. 23d LOCATION CITY OR TOWN Baltimore 23c. NAME OF CEMETERY OR CREMATORY COUNTY

Cremation Mar.13,1984 Green Mount ROBERTRECO ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214 25b. REGISTRAR'S SIGNATURE 250. DATE REC'D.

DHMH - 17 (VR A15 ME (5) 20M 4/B2

BP.

WATER A TEXT AND A SECOND ASSESSMENT ASSESSM

CEATE OF MARYIAND

SINITE OF MANICAND	1.1
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

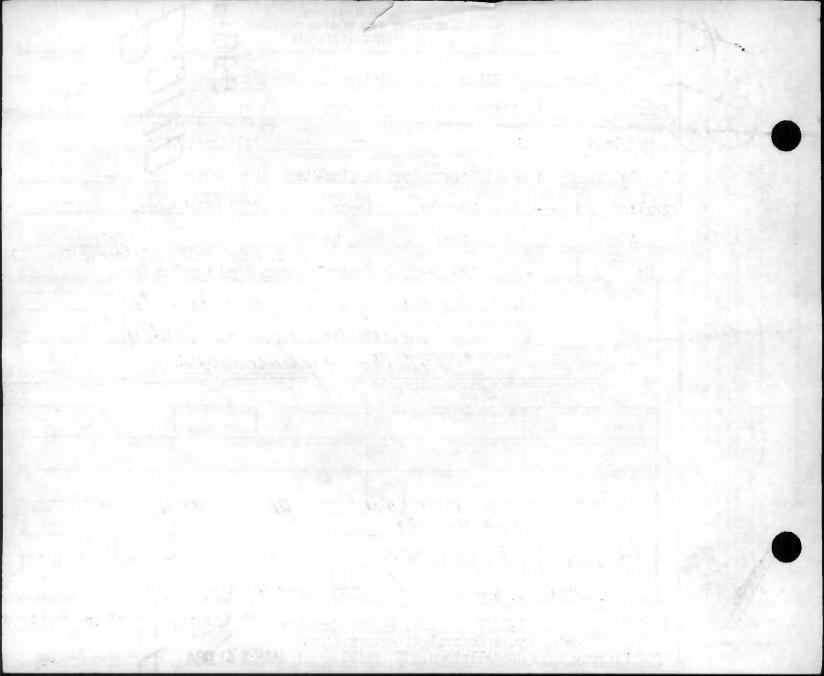
1-	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH		REG. NO.		
I. DEC	EASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
,,	Mary	Ellen	Ri	der	March 8	, 1984		M
3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
-	male	White		4/1893	91	YRS		
	OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	TY OF DEATH	7.00
	Maryland	USA	WIDOWE		Baltimo			MD.
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)			R MOST OF WORKING		F BUSINESS OR
	<u>lltimore</u>			<u>eoples Home</u>	Homemak	er		01
130. S	Total Control	NTY 13c. CITY OR TOW		13d. INSIDE CITY LIMITS?		ORESS / ZIP COL		
	ryland 💬	Waverly		YESXX NO [1sby Ave	2. 2	1218
14. FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA/ FIRST		NIDDLE	ŁAS1	
	Adam	Hare		Lavina		tear .	Fair	
	(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT22 S.	Athol A	ve Bal	timore,	MD 21229
	No	220-24-9	295	General German	n Aged P	eoples H	lome	
NOI	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DBY: TE CAUSE 10) DUE TO, OR AS A CONSEQUE (b) DUE TO OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO 1	ACE OF L	hotic man	ALCONO SCLEICH INAL DISEASE O	lay 1	IVEN IN PART 110	
TIFICAT	19a. DATE OF OPERATION	1%. CONDITION FOR WHICH	OR WHICH OPERATION WAS PERFORMED			IN CERT	ES, WERE FINDIN TIFYING CAUSES YES []	IGS USED OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATUR	E OF INJURY IN ITEM 18	3 PART 1 OR PART 2)	
VEDIC	21d. IN JURY OCCURRED	21e PLACE OF INJURY	ARM ETC I	211. LOCATION	C	ITY OR TOWN	COUNTY	STATE
2	AT WORK AT WORK		D		0-	and I	au	
	270. I certify that (I) (this hospital) attended the deceased from the course of the deceased alive on the dots and hour and from the courses of the dots on t							
	Dr. Willia	m J. Bryson	/	5772 Westvie	w Mall		- 1	
23o. B	URIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATIO	ON		
- (specify) Irial	3/12/84 St		ers Cemeterv	Hampst	ead E	Baltimore	Maryl and
		Byers Funeral Byers		ore Inc 250 DAT			STRAR'S SIGNAT	
0-	NAME LUTTING	Randallstown.	MD 2	1133 MA	Q13 m	DA Julia	Davidson-	Randa 00
0/	CO LIDELLY MU.	Manager	10 6	TIOO INIT	MITTO S		1-000/0-	

DHMH - 16 50M 4/83 (VRA 15, 4)

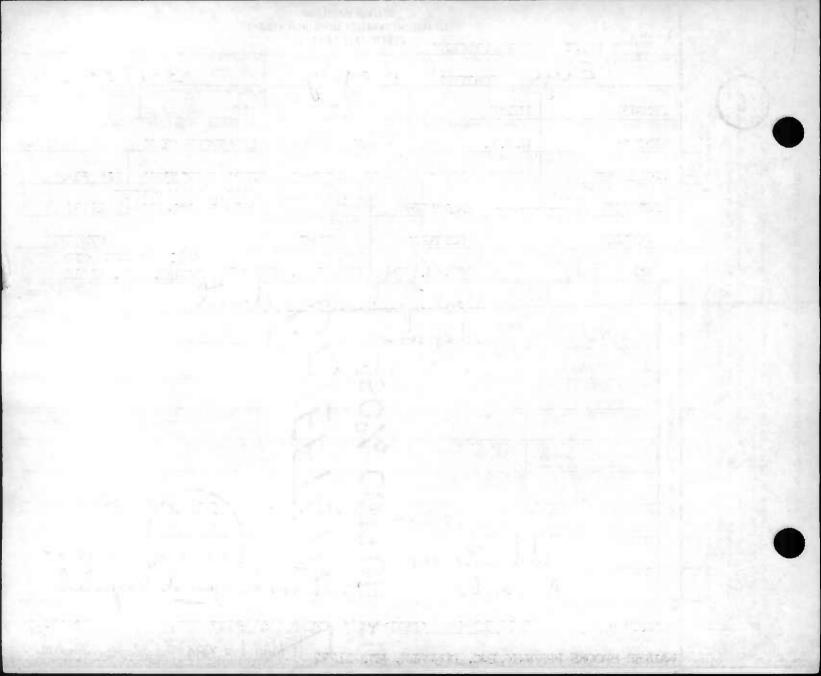
BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and cashould be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumotic event, the



	1	FOR	DEPAG		E OF MARYLAND	GIENE 7	3 1	8		
	11.	STATE REGISTRAR ETET TE CO	RIVEN RIDGELY		ICATE OF DEATH	OIL.	REG. NO.			
		CEASED NAME FIRST	WIDDIE	0	0 0	2a. DATE OF D		DAY YEAR	26 HOUR	
2 75	(TYPE	ORPRINT) Lely	SCRIVEN	Ri	dgely		3-1	7-84	2:59 A.M	
(1)	3. SE	× 0	4. RACE	5. DATE (11	6. AGE (IN YEAR	S LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
41		EMALE	WHITE	(5/12/1895	88	YRS.			
是 動		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE	CITY OR COUNTY	Y OF DEATH		
	_	EXICO	U.S.A. 11. NAME OF HOSPITAL, NUR	WIDOWI		12a, USUAL OC	ORE CITY	126 KIND OF	MD. F BUSINESS OR	
od with	P	AT TTMORE	(IF NOT IN SUCH FACILITY, GIVE STR	CENTER?	AT. HOSPTTAT.	(TYPE OF WORK FO	ECRETARY	INDUSTRY		
52 201	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF	113d INSIDE CITY LIMITS?	L DOLLIN TH					
18 20		ARYLAND	BALTIM		YES 🔀 NO 🗌	3838 R	OLAND AVE		21210	
The Mary	14. E/		MIDDLE LAST		15. MOTHER'S MAIDEN NA		MIDDLE	LAST		
11 744		JOSEPH	SCRIV. MED FORCES? 166. SOCIAL SE		FENNA 17. INFORMANT		ADDRESS	DUIN		
open			E WAR OR DATES)			TIV'TH 37	4819 KES			
8 2		NO	267.44		JOSEPH V. R	TIYAFITX	BALTO.,	MD. 212	MATE INTERVAL	
physical phy		PART I. DEATH WAS CAUSE		ond icii	La Martin	anna	∇	BETWEEN O	NSET AND DEATH	
100 M		5700 IMMEDIAT	TE CAUSE (o)	- pin	- word	0000				
9 60 00 00 00 00 00 00 00 00 00 00 00 00	10	Conditions, if any, which	DUE TO, OR AS A CONSEC	JUENCE OF						
0 0 0 0		gove rise to immediate cause (a), stating the	DUE TO, OR AS, A COURSE	DUENCE OF A	N					
d by lease ial, cr		underlying couse lost.	(c) 4. I	BI	eed.					
Then plea to burial, njury, ar a	Z	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING I	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	OR CONDITION GIV	VEN IN PART 1:0		
prior 1	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPS	5Y? 20b. IF YE	S, WERE FINDIN	GS USED	
K se se s	Ħ					YES 🗍 🗅	_	FYING CAUSES (ES []	OF DEATH?	
fificate hiticote hiticote of Hygie	T W	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATU	RE OF INJURY IN ITEM 18	PART I OR PART 2)		
certification in the man in the m	CAL	OR CONTRIBUTING CAUSE OF DEA	AID	19						
this down	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC }	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
os that		AT WORK NOT WHILE AT WORK				J	2 10	- 2 √		
DR: J Trose Hear		22a I certify that (I) (this haspi saw the deceased alive on	2 _ 1 1	0	nd that in (my) (aur) apiniar	death accurred a	on the date and ha	. 19 <u>07</u> , t	hot (I) (we) lost	
ECT ECT ot. of on 2		obove, (I) (we) (did) (did no 22b. SIGNATURE	t) view the body after death.		DEGRÉE		The date one had	22c. DATE S		
RAL DIRE detached tote Deptate Note Deptate National Nati		(Went, M	. 0.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	3-17	1-84	
- D III 01 IO - II	1	22d. PHYSICIAN'S NAME (TYPE O	· · · · · · · · · · · · · · · · · · ·		22e ADDRESS	D. G.	0 L	1: 1	-0.	
should be with the S	-	I	Vento		I North th	mes ge	about 17	ospiro		
		BURIAL, CREMATION, REMOVAL (SPECIFY)			CEMETERY OR CREMATORY	CITY OR	TOWN	COUNTY	STATE	
BP	1000	REMATION UNERAL DIRECTOR	3/19/1984	GKEEN I	MOUNT CREMATO		SISTRAR 256 REGIS		ARYLAND URE	
H - 16 50M 4/82 (VRA 15, 4)	WZ	LTER BROOKS BRA	ADLEY TNC DUND		1 A/	IAR 19 K		Davidson-V		
	14	TALL DAWOLD DIV	TOTAL PARTY DOLAND							



injury, or other traumotic event, th

IMPORTANT: If Hem 21 is marked or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detoched for use as the buriol-transit permit. Then please remove carbon popel should be detoched for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The la retained by the haspital or attending physician.

STATE OF MARYLAND

	JIMIL OI IIIA	
PARTA	ENT OF HEALTH	AND MENTAL HYGIENE
	CERTIFICATE	OF DEATH

1.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
	CEASED NAME	FIRST	A	AIDDLE	L	AST	2a DATE OF DE	нтиом НТА	DAY YEAR	2b. HOUR
IITE	OR PRINT)	TOANNA		***	RIEI	IL .	March	1, 19		м
3 SE	x Female	4	RACE Thi	Lte \	5 DATE C MONTH Apri	DAY YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	RTHPLACE ISTATE OF FO	DREIGN 7	CITIZEN OF	WHAT COUN	TRY? 8	П. 15150 111 00150 П	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
C	Maryland		United	States		DINEVER MARRIED L	Balti	more C	itv.	MD.
10 C	ITY OR TOWN OF DEA		1. NAME OF H	HOSPITAL, NI	JRSING HOME C	R OTHER INSTITUTION	120. USUAL OC	CUPATION	12b. KIND O	F BUSINESS OR
1	Baltimore		2211	Essex	St.			R MOST OF WORKING		
USL	AL RESIDENCE IN NURS	ING HOME OR C					House-	wile	Hom	e
136	aryland	13b. COUNT	Υ	13c CITY OR Balt	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AD	Essex_	St. / 2	1231
-	ATHER'S NAME			1 202.03	LEGIC	15. MOTHER'S MAIDEN NA		DOSCA	000 / 2	12.31
	FIRST	MI	DDLE	Stasko		Elizabet		MIDDLE	Mann ola	
160 V	Joseph WAS DECEASED EVER	IN II S ARM			SECURITY NO.	17 INFORMANT	- 11	ADDRESS	Nowack	1
	YES, NO OR UNKNOWN)	(IF YES, GIVE V			01-2803	Ronald Rieh	1 2211	Essex	St./ 21	231
MEDICAL CERTIFICATION	gove rise to improve (o), stoting underlying couse PARTY OTHER SIGNAL OF THE COUNTY (COUNTY)	Mourain Process - 6				NOT RELATED TO THE TERM OHF CONSULT N WAS PERFORMED	NINAL DISEASE CO	YES, WERE FINDING CAUSES	GS USED	
AL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM	18, PART 1 OR PART 2)	
MEDIC	21d INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE [21e. PLACE	OF INJURY	FFICE, FARM, ETC.)	211. LOCATION STREET	Cr	TY OR TOWN	COUNTY	STATE
	720.1 certify that (I) (this hospital) arounded the deceased from									
	22d. PHYSICIAN'S NA			0		22e ADDRESS				1 53559
	Dr. The	odore	T. Niza	ik		429 S. Ch			t., Md.	21231
	BURIAL, CREMATION,		23b. DATE	- 01		EMETERY OR CREMATORY	23d. LOCATIO	NC	COUNTY	STATE
	Buria	L	March	3,84	St. Star	nislaus Cem.	Balti	more,	- Ma	rylan d

DHMH - 16 60M 7/73 (VR A 15 (4))

24 FUNERAL DIRECTOR

NAME LITTLE & Zeiler Inc. 1901 Eastern Ave./21231

250. DATE REC'D. 1984 MAR

ltimore, - Marylan d

REGISTRAR 235. REGISTBAR'S SIGNATURE

1984 Lina Davidson-North

THE RESERVE OF THE PARTY OF

Figure 1. 19 Part 1. 1

e. T. oders M. Manis.

Auriel Haren .'- et arisland Com. Baltipore. - Le Com.

Luly & Keiler Inc. 50: 835cm - ...

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Sig

certificate Mentol Hygi

DIRECTOR: haspital

FUNERAL

0

by

Dept.

be detact e State De 4

should b IMPORT/

phy

Just .	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
o e o t	1. DECEASED NAME FIRST (TYPE OR PRINT) ESLIVEST	MIDDLE R	1775-PE	20. DATE OF DEATH MONTH DAY
	3. SEX Male	4. RACE white	5. DATE OF BIRTH MONTH DAY YEAR 1 2 7	6. AGE (IN YEARS LAST BIRTHDAY) IF UNITED MONTH
decit. Po	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY <u>OR</u> COUNTY OF E

YEAR 2b. HOUR 8 DER I YEAR F UNDER 24 HRS FATH 12b. KIND OF BUSINESS OR OLCITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Truck Driver 182025 Ret. toAUTH USUAL RESIDENCE (IF NURSING HOME OR OTHER INST 13a. STATE 13b COUNTY 13c. CITY OF TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MD 306 W. Lorraine Ave. Baltimore NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Ritter Dixon Ernest Maru 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) WW 2 219-18-1869 Mrs. Geraldine G. Ritter Same ues 18. CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OR AS A CONSEQUENCE OF CHANCE Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF couse lost. underlying ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO IT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCUBRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. THA DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME, STREET FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove, (I) (we) (did) (did not) view the body after death

77h SIGNATU DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN

CUMBOPBATT 11

220 ADDRESSLUD A 3100 LUY BUNN

Balto.

CITY OR TOWN

Burial 24. FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Leonard J. Ruck Inc. Baltimore, Maryland

Essex

DHMH - 16 50M 4/82 (VRA 15, 4)

23b. DATE Mar.19,1984

Holly Hill Mem

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION

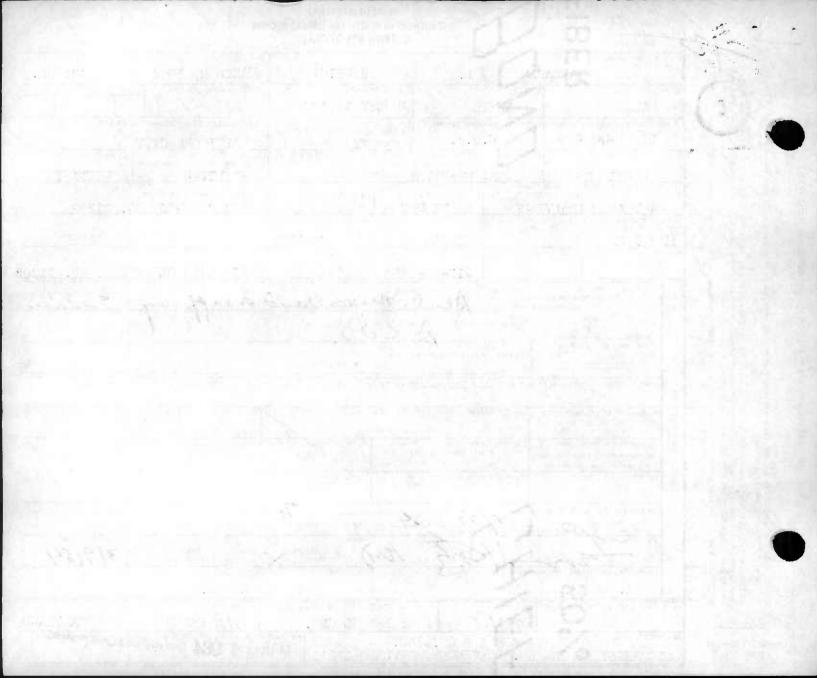
Md.

BERT BY WELL BELLEVILLE A dear many house and The second of the second was to see a fact of LAST - FRAME

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. I	NO		
		CEASED NAME	FIRST	1	MIDDLE		LAST	20 DATE OF			DAY YEAR	26 HOUR
	(1144)	COMPRISE)	ABRA	HAM	L.		RIVKIN	MARCI	H 9,	1984		12:30A. _M
	1. SE	X		4. RACE		5. DATE (6. AGE (INY	ARS LAST 8		IF UNDER 1 YEA	
		MALE		WHIT	ΓE	AUGU	ST 31, 1899°	84		YRS	MONTHS DAY	S HOURS MIN.
Z	BI. BI	IRTHPLACE (STATE OR	FORE IGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMO	RE CITY	OR COUNTY	OF DEATH	
3		LITHUANI	A	U.	S.A.	WIDOWI			гтмо	RE CIT	Y	MD
7	10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL C	OCCUPA		12b. KIND	OF BUSINESS OR
H	1	BALTIMOR	E		I HOSPITA			EXEC				RTISING
19		AL RESIDENCE (IF NUR		OTHER INSTITUTION.		E ADMISSION)	1)3d. INSIDE CHY LIMITS			ZIP CODE		
2		MARYLAND		IMORE	BALTIMO		YES NO.			HURST		209
Ē)		ATHER'S NAME	DICEL			ТСБ	15. MOTHER'S MAIDEN			101101		
Đ	R	ABBI REUBE	N	WIDDIE	RIVKIN		MOLLIE	F	WIDDLE			AZER
į.	60 V	WAS DECEASED EVER	IN U.S. AR		166 SOCIAL SECL	JRITY NO.	17. INFORMANT		ADDI	RESS	01	TELK
91		YES, NO OR UNKNOWN)	(IF YES, GIV	/E WAR OR DATES)	212-07-	5158	MALCOLM BEN	V RIVKIN	341	O OLD	FOREST	RD. 2120
		18 CAUSE OF DEAT	TH (Enter or	nly one couse per			T. W. COLL. DEL		012			OXIMATE INTERVAL IN ONSET AND DEATH
		PART I. DEATH V	VAS CAUSE	D BY: TE CAUSE (a)	Acut	J. VI	ryscardes	il ous	upp	s cum	5	udden
H		429	7		R AS A CONSEQU	ENCE OF	1		11		1	
		Conditions, if ony	, which	((b)	A A CONSTA	-50	00			l		
Ы		gave rise to im		DUETO	R AS A CONSEOU	ENCE OF	•					
Н		underlying couse		(6)	K AS A CONSCOO	LINCE OF						
ď		PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE	OR CO	NDITION GIV	EN IN PART	lio.
	o Z	and the same										
1	CERTIFICATION	198 DATE OF OPERA	TION	196. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20c AUTC	PSY?		WERE FIND	DINGS USED ES OF DEATH?
	E							YES 🗌	NO		S [NO [
1	8	216. ACCIDENT WAS UN		216. TIME O	FINJURY M. MONTH D.	AV VEAD	21c. HOW INJURY OCC	URRED (ENTERNA	TURE OF IN	JURY IN ITEM 18 P	ART OR PART 2)	
1	3	OR CONTRIBUTING		2111	M.	19	10.00					
	9	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY	CADM STC)	21f LOCATION		CITY OR 1	rown	COUNTY	STATE
	2	AT WORK NOT W	ORK D	(AT NOME, SIN	REET, FACTORT, OFFICE, I	ARM, ETC ;						
3		220.1 certify that (I		, ,	/ 6 %	677	. 19	/, to			19	, that (I) (we) lost
		sow the decease obove, (I) (we) (sed ahye on	ot) view the body	ofter death.	84.0	nd that in (my) (our) opini	ian deoth occurre	d on the	dote and hav	r and from th	ne causes stated
		226. SIGNATURE		, ,	1	10	DEGREE				22c. DA	JE SIGNED
		1	Eva	-1/	03	w	ATTENDING PHYSICIAN			AFF ICIAN [1.3/	9184
	1	224 PHYSICIAN'S N	AME (TYPE C	OR PRINT)	0		22e ADDRESS			1600		
		DR. LEC	NARD	KOTZ			11	SLADE A	VE.			
		BURIAL, CREMATION	REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMATOR					
	1	BURIAL		3/11/8	84 BN	IAI IS	SRAEL CEM.		LTIM	ORE	COUNTY	MARYLANI
	24 FL	UNERAL DIRECTOR S	OL LE	VINSON				DATE REC'D. BY R	EGISTRA	R 258 REGIS	BAR'S SIGN	Mondelle
	60	10 REISTER	STOWN	RD. BA	LTIMORE,	MARYLA	ND 21215	MAK 14	1904	June		

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR STATE DEPARTMENT OF HEALTH AN CERTIFICATE O

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	3	6.0	6

_	REGISTRAR				TOTAL OF PERSON	REG. NO	D.			
139	CEASED NAME THE C	E KN MKD	MIDDLE		Robertson	3	MONTH DAY	VEAR 84	26 HOUR 11 53 N	
1.58	male	4 RACE whit	P	5. DATE O	DF*BIRTH *28, 1923 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UND MONTHS DAYS HOURS				
70.1	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	R	20, 1723	9 BALTIMORE CITY O	YRS	DEATH		
	aryland	US		MARRIE	D V NEVER MARRIED DIVORCED D	Baltimore		DEATH	MD	
10.0	0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING ST. Agnes Hos				OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Mechanic		IZE KIND C INDUSTRY Truck	of BUSINESS OR	
13a.	RESIDENCE (IF NURS STATE Aryland Balti	NTY	GIVE RESIDENCE BEFORE	N	13d Inside City Limits? YES NO 📉	131 STREET ADDRESS.	eth Ave	enue 2	21227	
	ather's NAME amuel Robertson	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/ Minerva Bli	ME		LAS		
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIT	MED FORCES? VE WAR OR DATES)	166 SOCIAL SECUI 217-12-2		Mrs. Betty L	. Robertson		Elizat	eth Ave	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:	line for (a), (b), and		ulais & Helps	terrion		APPROX. BETWEEN	MATE INTERVAL ONSET AND DEATH	
	Canditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Conditions of the cause of the ca									
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D 190 DATE OF OPERATION 196 CONDITION FOR WHICH C					INAL DISEASE OR CONE	206 IF YES, W	ERE FINDIN	NGS USED	
MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	F INJURY M. MONTH DA M. OF INJURY	Y YEAR	21c HOW INJURY OCCURR	YES NOW	YES TY IN ITEM 18 PART	OR PART 2)	NO []		
WE	WHILE NOT WHILE AT WORK		PEET FACTORY OFFICE FA	ARM ETC 1	STREET	CITY OR TO	r r	COUNTY	STATE	
	22a. I certify that (I) (this hospi saw the deceased alive an abave, (I) (we) (did) (did no	3/	11 19	03 74 ai	id that in (my) (our) apinian o	ta 43 death accurred an the da	te and hour an		that (I) (we) last causes stated	
	22b. SIGNATURE	hew i	Woreta		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F IAN (9	22c. DATE		
	PHYSICIAN'S NAME (TYPE OF		100ET.	4	ST. AB	NB HOS	17719	2,	BACTE	
	BURIAL, CREMATION, REMOVAL (SPECIFY) Irial	23b DATE 3/15			emetery or crematory sville Cemeter	23d LOCATION CITY OR TOWN Taylorsvi	lle Car	roll	Maryllan	

DHMH - 16 50M 1 / 81 (VRA 15, 4)

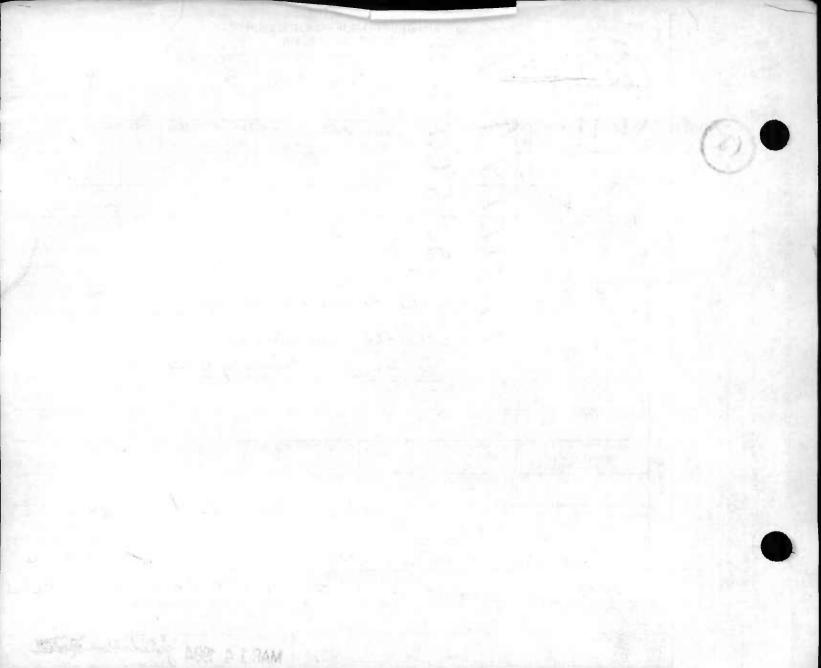
10 FUNERAL DIRECTOR should be detected for use with the Store Dept. at Hea MAPORTANT, if them 21 is a

Ambrose Funeral Home 1328 Sulphur Spring Rd.

Taylorsville Cemetery Taylorsville Carroll Maryland

250 DATE REC'D. BY REGISTRAR 251 TEGISTRAN 3 SIGNA

555



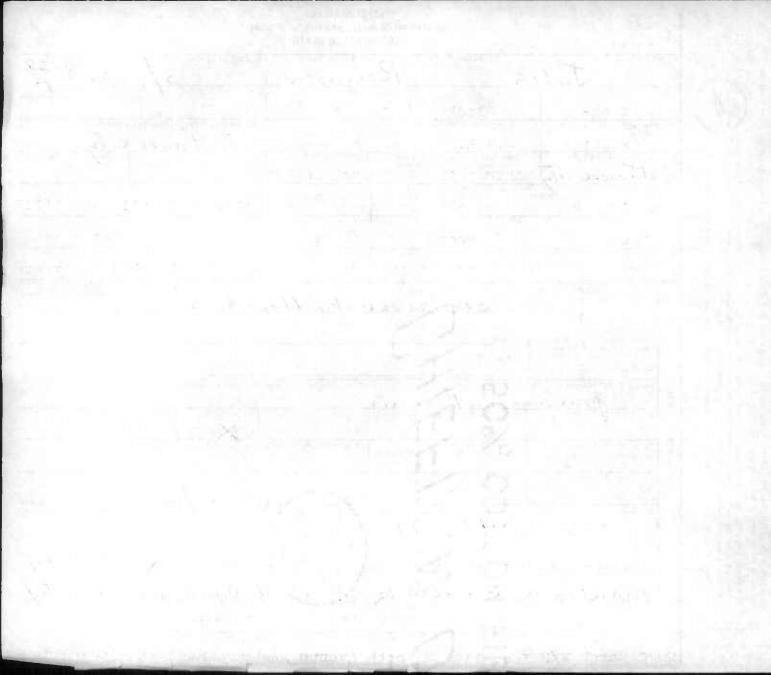
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral process should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 75 council process. The following the filled within 75 council process. The following the filled within 75 council process.	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.	
WILLIAM COURT OF THE COURT OF T	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the lutteral metan, made should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 77 found the flath and Mental Hygiene prior to burial, cremotion, or removal.	
	IMPORTANT: If them 21 is morked or flem, 18 shows any injury, or other troumatic event, the medical exchanger must be not all of the most open at other	

STATE OF MARYLAND

2 Bings

1.	FOR STATE		DEPARTA		EALTH AND MENTAL HYG	IENE O	0/ 20		
	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	Ю.		
	CEASED NAME FIRST	IA	MIDDLE	Ri	binson	2a. DATE OF DEATH	3//1	1/84/8	\$ 28 M
3. SE	X	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BI	THOAY	POPE I TEAM FO	PADE TA HES
	Female	B:	lack	10	0.0	81	YRS		
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF	DEATH	
N		U.S	.A.	WIDOWE		Balti	mere (city	MD.
10.0	altimore city		H FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION IERAL HOSPIT	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST (AL)		12b. KIND OF BUINDUSTRY	ISINESS OR
USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS			
	aryland		Baltimo		YESX NO	4601 Pal	ll Mall	L Road	21215
14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
	Noah	MIDDLE	Moore		Addie	MIDDLE		Marak	ole
	VAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	149-12-	-1102	James Mara	able 4910	Litchf	field A	Avenue
TION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (A)	DBY: TE CAUSE (a) DUE TO, O (b) DUE TO, O (c) CONDITIONS	R AS A CONSEQUE R AS A CONSEQUE DONTRIBUTING TO C	NCE OF					
CERTIFICATION	19a. DATE OF PERATION	19b. COND	ITION FOR WHICH	ON FOR WHICH OPERATION WAS PERFORMED			20b. IF YES, W IN CERTIFYIN YES	ERE FINDINGS G CAUSES OF I	USED DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.	m. Month da m.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER MATURE OF INJU	IRY IN ITEM 18 PART I		Ŭ.
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	216 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	270. I certify that (I) (this haspen saw the receased give an above 1) (we) (did (did no 27b). SIGNATURE 271. PHYSICIAN'S NAME (TYPE CO.)	le lic	4 -		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF	d from the cous	
	BURIAL, CREMATION, REMOVAL	23b. DATE 3/23			EMETERY OR CREMATORY Zion Cem.	23d. LOCATION Lansdown	ne «	DUNTY M	d STATE
24. Ft	UNERAL DIRECTOR NAME 1 C March F/H		ADDRESS		250.000		256 REGISTRAR		

DHMH - 16 50M 4/82 (VRA 15, 4)



death. Page 4 may be

FOR

Wm C'March F/H Inc. 1101 North Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH		REG. NO.						
LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	T			

1		REGISTRAR			CERTIF	ICAIL OF	PEATH	REG. N	0.			
ł	1 DEC	EASED NAME FIRST		MIDDLE	L	AST			MONTH DA	Y YEAR	2b. HOUR	
ı	TYPE	Louise		R	obins	on		March 21	, 1984		11:00P	
H	3.2SEX		4. RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR		
		Female	В	lack	монтн 5	Î Î	1900	83	YRS.	NTHS DAYS	HOURS MIN.	
A		THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8. MARRIEI	NEVER	MARRIED -	9 BALTIMORE CITY C	_			
1		Carolina	U.S	5.A.	WIDOWE		VORCED	Baltim	ore Ci	ty	MD.	
1		altimore		HOSPITAL, NURSI H FACILITY, GIVE STREE LNd Gene				126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF		13c. CITY OR TOV		1-0-		13e STREET ADDRESS / ZIP CODE 21217 1516 Traction Street			21217 eet	
1	14. FA	THER'S NAME Smith	WIDDLE	Gallma	n		s maiden nam uline	WIDDLE		Hob	son	
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SEC		17. INFORM		ADDR				
1		ES NO ORUNKNOWN) (IF YES, GIV		213-28	-2829	Azal	ee Bas	s 6615 Sp	ringm			
1		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b), o	nd to					APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUSE	2	Days								
1		4360		R AS A CONSEQU								
1		Conditions, if ony, which (b) Stroke With Left Sided Paralysis									Weeks	
		gove rise to immediate cause (a), stating the) (6)									
		underlying couse last	DUE 10, O	R AS A CONSEQU	JENCE OF							
		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	O TO THE TERMI	INAL DISEASE OR CON	DITION GIVE	V IN PART 1	lo .	
	Z	TAKT 2. OTTEK SIOTTIFICALL	CO. 1011 10113 <u>C.</u>	0111110011110	Derive Dov	THE THE THE	, , , , , , , , , , , , , , , , , , , ,					
	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS					
9	IFIC							IN CERTIFYING CAUSES OF			S OF DEATH?	
-	ERT	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME C	OF INJURY		21c. HOW II	VJURY OCCURR	ED (ENTERNATURE OF INJU				
		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH								
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED	P. P. PLACE	M. OF INTURY	19	211 LOCAT	ON			-		
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE	FARM ETC)	STREE	T	CITY OR TO)WN	COUNTY	STATE	
		220 I certify that XI) (this hasp	ital) attended the	e deceased from	March	7			27		, that XII (we) lost	
		sow the deceased alive or above, th (we) (did) (did yo	ot) view the body	after death.			(our) opinion c	death occurred on the o	ore one nour			
		22b. SIGNATORE	a Hw	a My	D.	DEGREE		MEDICAL STA	FF CIAN	3	122/84	
		22d. PHYSICIAN'S NAME (TYPE	ORPRINT) Tiln - Je	r Hw	in My	22e ADDRE		and Genera	1 Hosp	ital		
	23a B	urial, cremation, removai BURIAL	23b. DATE 3/2	7/84 H		EMETERY OR Hill		Baltimo		,	Md™.	
		INERAL DIRECTOR		A A A A A A A A A A A A A A A A A A A			250 DAI	REC 7 1984	Th REGISTR	ARIS SIGN	Partiese	
	Wm	C'March F/H	Inc.	1101 ~ F.	North	Aven	uel WA	11 4 1 20 1	-32	1.14		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and censhauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is marked on them 18 shows any injury, ar other traumatic event, the

AND THE PROPERTY OF THE PROPER

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEASED NAME FIRST	ROBINSON	LAST	MARCH 20, 1984	26 HOUR 3:05A							
	3. SEX	4. RACE NEGLO	S DATE OF BIRTH MONTH DAY YEAR 2 4 4	6. AGE (IN YEARS LAST BIRTHDAY) 40 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.							
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALLIOT WOKET COALL	OF DEATH MD.							
3	10. CITY OR TOWN OF DEATH BALTIMORE	JOHNS"HOPKIN		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY							
)	USUAL RESIDENCE (IF NURSING HOME O 136, STATE 136, COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 13c CITY OR TOW	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP CODE	15+ 21213							
1	14 FATHER'S NAME FIRST	MIDDLE LAST ME OF	15. MOTHER'S MAIDEN NA.	MIDDLE	Moore							
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 219-40-	IRITY NO. 17 INFORMANT -7322 FANNICCO	Pleman 16051	nonteliers							
	PART I. DE ATH WAS CAUSI	Inly one couse per line for (a), (b), and ED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUE	monony arest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Munule							
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.		monia		2-to 5 days							
		CONDITIONS CONTRIBUTING TO D	<u>DEATH</u> BUT NOT RELATED TO THE TERM									
2	190 DATE OF OPERATION 214 216. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? SS NO							
	716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSS OF DE LIFE EITHER MOTIFY MEDICAL EXAMINE OR CONTRIBUTION OF CURRED		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	ART I OR PART 2)							
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F.	ARM ETC) STREET	CITY OR TOWN	COUNTY STATE							
To the same of the	sow the deceased alive or above, (1) (we) (did) (did no	n March 19 19 50 ot) view the body ofter death.		deoth occurred on the dote and hou								
	22b SIGNATURE	Monto	DEGREE ATTENDING PHYSICIAN [3/26/5 4							
	22d. PHYSICIAN'S NAME (TYPE	latin Mi)	22e. ADDRESS601 N JOHNS 1H	PKINS HISPITA	<u></u>							
	230. BURIAL, CREMATION, REMOVAL	1 23b. DAJE 23ch	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CHY OR TOWN	COUNTY MISTAGE							

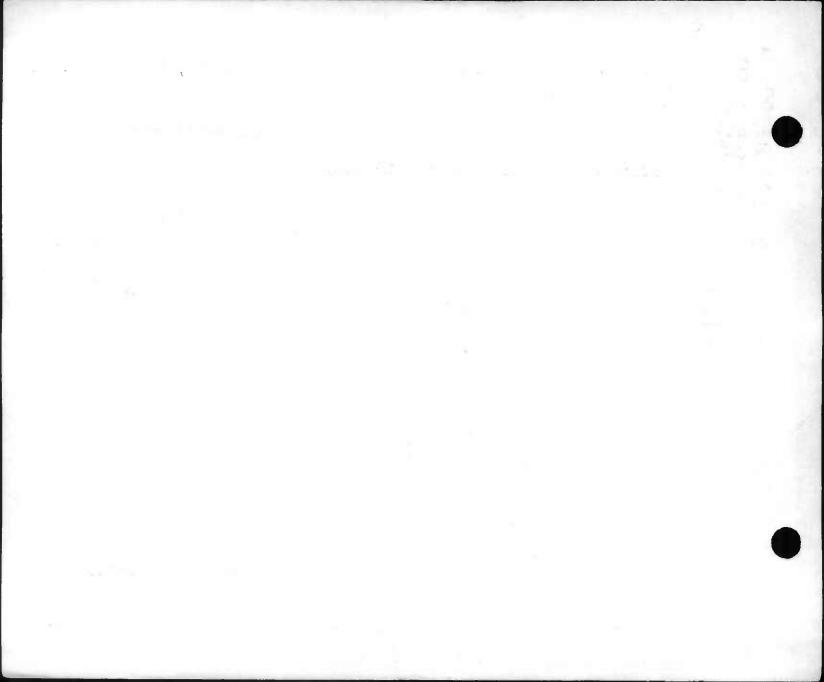
DHMH - 16 50M 4/83 (VRA 15, 4)

BP

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other tra

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is morked or Usem 18 shows any injury, or other traumatic event, the

		FOR	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MI CEPTIFICATE OF DE

NTAL HYGIENE	U	1	3	2	
ATH					

-		REGISTRAR				CERTIFIC	ALEULD	LMIII	REG. N	Ο.			
		CEASED NAME	FIRST	٨	AIDDLE	LAS	T		20 DATE OF DEATH	MONTH	DAY YEAR	2h HOU	JR
	(ITPE	OK PRINT)	SYDNEY		A.	ROBIN	SON			3 -:	2-84	45	3 4
	1. SE)	K	14	RACE		5. DATE OF	BIRTH		6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER I YEAR	IF UNDER	24 HR5
	M	ale		Whi	te	MONTH 9	25	12	71	YRS.	MONTHS DAYS	HOURS	MIN,
Н		RTHPLACE (STATE	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	NEVER N	ADDIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH		
2	M	aryland		U.S.A.		WIDOWED	DN	ORCED [BALTIMORE				MD.
7	11. NAME OF HOSPITAL, NURS TIMORE 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET THE UNION ME JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEF								Trans USUAL OCCUPAT Crane Opera		IZE KIND O INDUSTRY Stee		ESS OR
5	3a. S	al residence (#) STATE aryland	136 COUNT		GIVE RESIDENCE BEFORE 130 CITY OR TOW Baltimor	N 11	3d INSIDE CI YES 🔼	TY LIMITS?	5220 York	ZIP COD	E21212		
ď	U. FA	ATHER'S NAME FIRST Unknow		DDLE	LAST	1		MAIDEN NAA	AE MIDDLE		LAS	ş	
	(1	VAS DECEASED EV YES, NO OR UNKNOWN NKNOWN		ED FORCES? WAR OR DATES)	217-07-0	0074			Robinson,	5220 Balt	York Ro	oad Id.	
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										DEATH	
	N	PART 2 OTHER S		NDITIONS CO	NTRIBUTING TO D	DEATH BUT N	OT RELATED	TO THE TERMI	MAL DISEASE OFTON		VEN IN PART 110	2	
1	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 100 N				TH?
2			UNDERLYING CAUSE OF DEATH	HOUR A./	M. MONTH DA	AY YEAR	ZICHOW IN.	IURY OCCURR	ED (ENTER NATURE OF INJ.	IRY IN ITEM 18	PART I OR PART 2)		
	MEDICAL	21d INJURY OCC	T WHILE WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F		II LOCATIO STREET	N	CITY OR TO)WN	COUNTY		STATE
			eased dive on _ e) (did (did nat)		deceosed from	2-1	that in (my)	, 19 84 aur) apinion d	, ta	ate and ha		that (I) (causes st	
		226. SIGNATURE	77			1	1/) F	ITENDING HYSICIAN [MEDICAL STA DIRECTOR PHYSIC		3 a	SIGNED 2 - 6	4
		22d PHYSICIAN	NAME (TYPE OR	OWNS	END T	TT, M	ADDRESS	201	E-UNIV	PKONA	y BALY	-212	B
		BURIAL, CREMATIC		23b. DATE 3-6-8	1.	estvier		atory	Baltimor		ltimose.	2020	ďď.
		uneral directo cholas T	R		21 Easter Itimore,			250. DATE	REC'D. BY REGISTRAN	25 PEDE	MAGOSTONAT		1
1				100	TOTHOTO!	****		1		-			

DHMH - 16 50M 4/83 (VRA 15, 4)

VERWARDS. .A YEAR

	FOR			DEPART	MENT OF		AND MENTAL	HYGIEN	VE .				
	STATE REGISTRAR						ERTIFICATE		ATU	5. NO.	07	32'	7
I. DE	CEASED NAME E OR PRINT)	FIRST		MIDDLE			LAST		2a. DATE KNOW		AONTH D	DAY YEAR	2b HOUR
[ITP	E OR PRINT)	Will	iam	Ε.		R	obinson		DEATH MATE		3 2	26 19 84	. M
3. SEX		4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA			ER 24 HRS.	PRONOUNCED	M	I HTMÒI	DAY YEAR	2d HOUR 2:48P
	ale	Black	4 25	08	75 YF	1110	Jan Incom	1	DEAD			26 1984	M. 40F
FO	RTHPLACE (ST		76. CITIZEN OF W		ITRY?	MARRI	D NEVER MAR	RRIED	9. BALTIMORE CI				
	aryland		U.S.			WIDOW			Baltim			KIND OF BI	MD.
10. CI	TY OR TOWN (OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FA			, OR OTH	ER INSTITUTION		SUAL OCCUPATION R MOST OF WORKING LIFE		WORK 112B	OR INDUST	
	Baltimo		Johns Or other institution, Gr		kins H		al						
13a. S	TATE Maryla	113b COUN		13c. CITY	or town		13d. INSIDE CITY LIMITS? YES 🔯 NO [□ 18	REET ADDRESS	utla	and	Ave.2	1213
14. FA	THER'S NAME		WIDDLE		LAST		15. MOTHER'S MAI	DEN NAM	E MIDDLE			LAST	
	Alonz				obinsc		Ella				Jo	lly	
	ES, NO, OR UNKNO	EVER IN U.S. AR	MED FORCES? E WAR OR DATES)		CIAL SECURIT		17. INFORMANT		ADD		016		7 7
	NO					958	Romalee	D.	Robinson	J 18	316	RUTTA	
	18 CAUSE O PART I DE		nly ane couse per line DBY:						21	7		BETWEEN ONSI	ET AND DEATH
	110	MMEDIA	TE CAUSE (a Hype				riosciero	otic c	cardiovaso	Jula.	r are	sease	
	Condition	is, if any, which		AS A COR	NSEQUENCE ()f							
	gave ris	e to immediate	(b)	15 1 501	NSEQUENCE (-		
	lying cau		DOE TO, OR	AS A COR	ASEGUENCE ()F							
	PART 2 OTHER SIG	MIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN	PART 1 (e)					
N	THAT E GITTER SIL	on team congrison.	CONTRIBUTION TO GENTI	901 NOT NEE	THE TO THE TERM	IIIAL BIJLAJI	OR CONDITION OFFER IN	TARTTO					
ATI	190 DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORMED?					20 AUTOPSY	(3
IFIC												YES 🗌	ио [Х
CER		L CAUSE WAS	21b. TIME OF		DAY YEAR		W INJURY OCCUR	RED TENTER	R NATURE OF INJURY IN IT	M 18 PART	1 OR PART 2	1	
CAL	UNDERLYING CONTRIBUTION	OR NG CAUSE OF			19								
MEDICAL CERTIFICATION	WHILE AT WORK	NOT WHILE [21e PLACE (OF INJURY IORY, FARM, I			CATION		CITY OR TOWN		COUNT	Υ	STATE
			ge of the remains des	cribed abo	ave held an	Autap	y . Inspect	han []	Inquiry X	andir	n my opinie	ian	
	death resulte	,	ral causes X	Accident		icide	Hamicide		etermined manner	٦.	,, op	0.11	
	Gedin result	A1	- ^	11	Δα		TITLE (SPECIFY)	000					
1	ACTUAL SIGNATURE	May	ate (fr	2 Km	بالل	M		ant_MEI	DICAL EXAMINER		DATE SIGNED_	3/27	/84
	EXAMINER'S (TYPE OR PRIN	VT) Ma	rgarita A				TO DIKE 55			lto.	,MD.		
23a.B	BURIA	TION, REMOVAL	3/30/84	1 23c.	Baltin	nore	Cemeter		ocation Baltimor		COUNTY	Md.	STATE
	UNERAL DIREC		ADDRESS	101		1 1		E REC'D. B			RAR'S SIGI	NATURE	2
WI	n C Ma	rch F/F	Inc. I	LOI .	E Nort	n A'	venue V	MAK 2	8 1964 Au	lia Da	n/apm/	-Mustre	
									0				

SAN SAN SAN SAN

executed within 24 hours ofter

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

١	- STATE REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO.			
1	1. DECEASED NAME FIRST	WIGGLE		LAST	20. DATE OF DEATH			26. HOUR
	ELIZAB	ETH W	7. R	RODGERS	3	20	24	1150 AM
1	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTHS		IF UNGER 24 HRS
ŀ	FEMALE	WHITE	111		89	YRS.	52.5	Mar.
1	Ta. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	OUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DE	ATH	
1	W. Virginia	U.S.A.	WIDOW		RAV	10 C1	TY	MD.
,	JO. CITY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATIO		KIND OF USTRY	BUSINESS OR
1	BAUTHURE	MERCY	Y GIVE STREET ADDRESS!	ITAL	Bottling De			Dist.
0	USUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RES	TY OR TOWARD	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS			
1	Maryland		Baltimore	YES INO	3527 01d F	rederick	c Ra.	21229
	14. FATHER'S NAME		LAST	15. MOTHER'S MAIDEN NA	ME			-
	Frank	MIDDLE	Webb	Claire	MIDDLE		Dill	Low
1	160. WAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17. INFORMANT	ADDRES	S 21	229	
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	9-22-5-34	Shirley Powe	11 3527 01d			
1	18 CAUSE OF DEATH (Enter on			I PULLITE Y TOWE	11 3327 010			ATE INTERVAL SET AND DEATH
1	PART I. DEATH WAS CAUSE	D BY:	ARMA	a AKRE	72		- 4	min
1	500 IMMEDIA	TE CAUSE (o)						7,000
1	Canditions, if any, which	DUE TO, OR AS A	CONSEQUENCE OF	Elne 18	CHEMIA		3/4	kn
1	gave rise to immediate	(6)	CONSEQUENCE OF	ERIC 18	sus ROW	EI	700	
4	cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE	7,	770			
1	PART 2. OTHER SIGNIFICANT O	(5)	LITING TO DEATH BUT	NOT BELATED TO THE TERM	IN ALL DISEASE OR COND	ITION COVENING	ADT 1	
ı		CONDITIONS CONTRIB	OTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN P	AKI IIO	
	190 DATE OF OPERATION 3-20-84 210. ACCIDENT WAS UNDERLYING	19h CONDITION F	OR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDING	GS USED
1	# 3-20-84	ACUT	E AKD	OMEN	YES D NOT	IN CERTIFYING C	AUSES C	OF DEATH?
	210, ACCIDENT WAS UNDERLYING	7 216. TIME OF INJUI		21c HOW INJURY OCCURE			PART 21	140
1	Contraction Contraction	HOUR A.M. M	ONTH DAY YEAR		(Electrical or moon)			
	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M.	19	211. LOCATION				
ı	WHILE NOT WHILE		ORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COL	JNTY	STATE
ı	AT WORK AT WORK			119 89	1 3/1	Ď is	94	(5)
	220.1 certify that (1) this haspi			nd that is (my) (aur) apinian	death accurred on the dat	a and hour and f		nat(I) (we) last
	abave, (l) (we) (did) (did no	t) view the bady after de	eath.	DEGREE	ocam occamo on me ocr		. DATE SI	
	Allen 1	7. 1.11	, 4	ATTENDING _	MEDICAL STAFF		2/1	A / MI
-	22M PHYSICIAN'S NAME TITES	7.1000	~ /	220. ADDRESS	DIRECTOR PHYSICI	ANDA	7/0	109
1	D 42/10	A. SILL	3 E R		OFDAIR S	2		
	DAVIV				REENE S	71.		
	23a. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNT	14	STATE
	Burial	3/23/84	Ebinez	er Ch. Cem.	Neersvil			Va.
	24 FUNERAL DIRECTOR		0.1	250. DAT	E REC'D. BY REGISTRAR 2	56 REGISTRAR'S	GNATU	RE AA

DHMH - 16 50M 4/B2

elained by the haspital as a TO FUNERAL DIRECTOR: Although be detached for use an with the State Dept. at Health

TO HOSPIFAL OF ATTENDING PHYSICIAN, The IS

(VRA 15, 4) HUBBARD FI

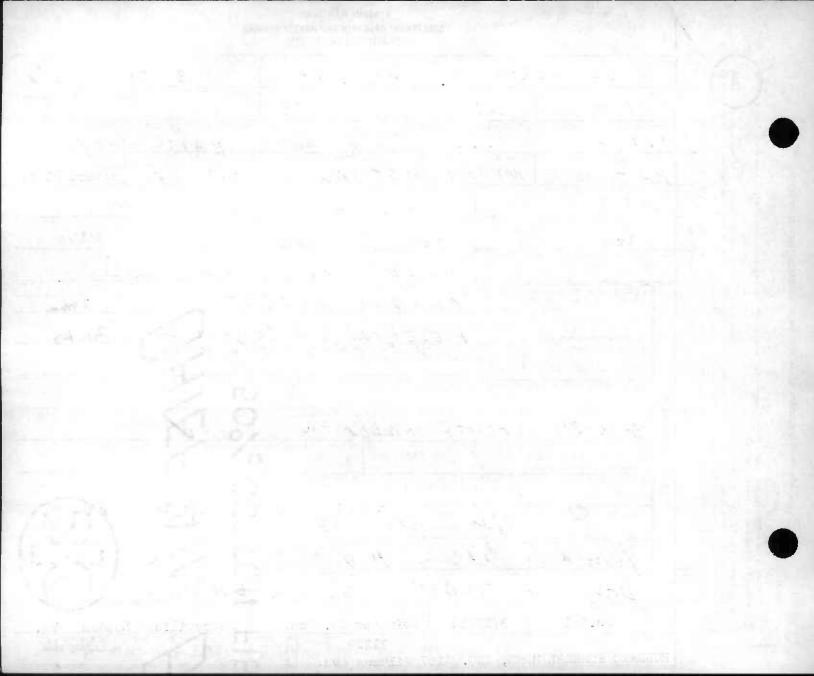
MPORTANT. If hem 21 is marked or

HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave

MAR 2.1 1984 Julia Davidos - Handel

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	It	ems 15, 16a		STATI	OF MARYLAND	0 7 3	2 9
11	١,	FOR Ttems 15	,16a 3/16/8L	PARTMENT OF H	EALTH AND MENTAL HY	GIENE	65.4
1	l ' '	REGISTRAR F#589	, 104 3/10/04	CERTIF	ICATE OF DEATH	REG. NO.	
20	I. DE	CEASED NAME FIRST OR PRINT)	WIDDLE	į,	AST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
# 150 mm	(,	AN	NE MATT	SON F	ROEBUCK	March 13,	1984 /2.55 M
	3. SE	X	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7 1	1	Female	White		. 3, 1901	82	YRS
2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
		MD	USA	WIDOWE	D DIVORCED	Baltimore	
Her with	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
	1	Baltimore	14 W. Cold	Spring	Lane #904	Teacher	Nursing
d be	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE 13(. CITY O	e before admission) R TOWN	136 INSIDE CITY LIMITS?	13 STREET ADDRESS / Z	Spring La. 21210
		MD	Ba	lto.	YES X NO		Spring La. 2121
15 4/V	14. FA	ATHER'S NAME FIRST	MIDDLE	ST	15 MOTHER'S MAIDEN NA	MIDDLE	1 4ST
P L	_	Harry		buck	Henriett	ADDRESS	DUBBLEDE
oges oges	160.	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (1E YES, GIV W W	E WAR OR DATES)	L SECURITY NO.	17 INFORMANT		
rs. Pe	_	IES W.W	•11 P13 2	8 9709	Miss Irene	Jackson,	MD
hysic sope ovol.	١.	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per line for (a);	bi, ordici	. 8 D. A	- Ho to	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng p bang rem		IMMEDIA	TE CAUSE (a)	new	scesm	e 11 cary	2 gra
ending of h or no. or mate		4140	DUE TO, OR AS A CON	RECHENCE OF	0	10 11	10
e qtt move notio		Conditions, if any, which gave rise to immediate	(b)	1 ougn	yalgra	Kheumat	The trips
of th by th se re cren		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	sequen@e of	(0)		
hed by pleo		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	G/TO DEATH BUT	NOT RELATED TO THE TERM	MINA DISEASE OR CONDIT	ION GIVEN IN PART I I a
The distriction of the control of th	Z		Teneral	inid	Cisterio	Scleran	
1 11117	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	VHICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
25 2 A L	Ĕ					YES NO X	YES NO
A DEPEN		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	H DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	CAL	OR CONTRIBUTING CAUSE OF DEA	ALIP .	19			
144	MEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY	DEFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OF 1 2 2 2	 	AT WORK NOT WHILE AT WORK		7	1	2/16	CIL
2 2 8 5 4 4 2 5 7 8 5 7 4		22a.1 certify that (I) (this haspi	P /		5 1976	7.10-3/13	19 that (It (we) lost
1 4 6 5 5 E		saw the deceased alive on above, (I) (www.(did) (did)	view the body ofter death.			death occurred on the date	and have and Irom the causes stated
A SEASON AND A SEA		276 SIGNATURE	PYV	_ /	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
A Table In	1	Tarl do	Vhanve	V	PHYSICIAN	DIRECTOR PHYSICIAL	4
The Park	ı	224 PHYSICIAN'S NAME (TYPE C			Me ADDRESS		
Of State	<u> </u>	Dr. Earl L.				e Place, Ba	lto., MD
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	24 5	Cremation	3/13/84		Mount	Balto.,	MD BEGISTBAD'S SIGNATURE
DHMH - 16 50M 4/B3	14.7	UNERAL DIRECTOR Henry	W. Jenkins	& Sons			hie Davidson Aands
(VRA 15, 4)	<u></u>	4905 York Roa	d Balto., I	VD 2	1212 IVIA	11 4 1904 A	- Handre Manare

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

retained by the hospital ar attending physician.

MPORTANT: If Hem 21 is marked be Hem 18 show rany injury, or other traumatic event, the

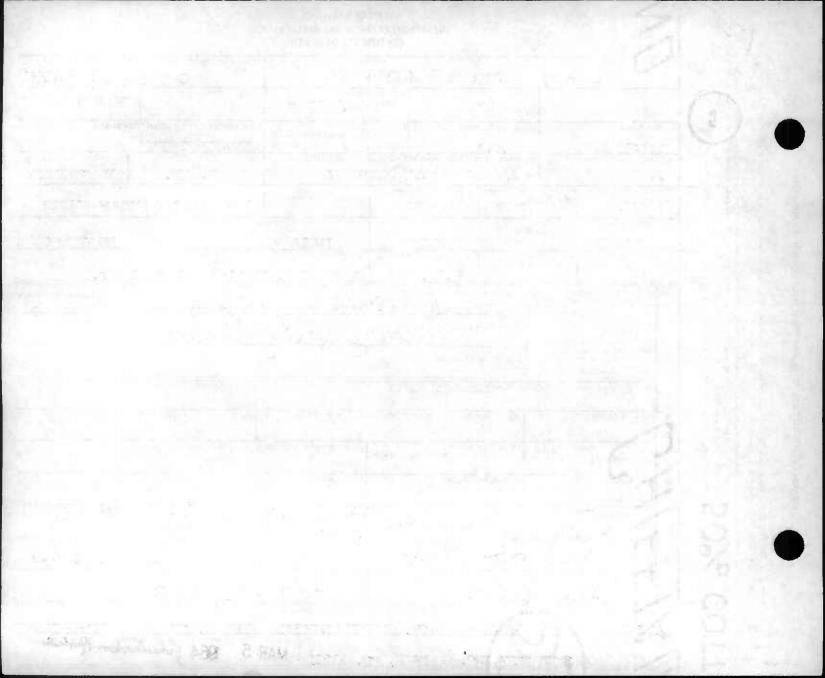
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1	1 -	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE REG. NO.	
1		CEASED NAME FIRST	MIDD	I.E	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	{TYPE	LEROY	MICH	AEL RO	FFINO	03	02 84 0423 A
	3. SEX	MALE	RACE WHIT		TE OF BIRTH P2/14/1911 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 72	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
4	3 0	RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	U.S.A.	MAF	RIED X NEVER MARRIED		
1	10 CI1		. NAME OF HOS	PITAL, NURSING HOA CILITY GIVE STREET ADDRESS ORE CITY HO	AE OR OTHER INSTITUTION DSPITALS	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) BRANCH MGR.	12b. KIND OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING FOME OR OT ATTECHNES ARYLAND BALT	MER INSTITUTION, GIVE 130 1MORE	RESIDENCE BEFORE ADMISSI CITY OR TOWN DUNDALK	13d. INSIDE CITY LIMITS? YES NO	130-SIREEL ADDRESS 1903 DUNDALK	AVENUE 21222
5	J4) FA	THER'S NAME FIRST MIC	DDLE	ROFFINO	15. MOTHER'S MAIDEN N FIRST LUCIA	AME MIDDLE	BENEDETTO
5		VAS DECEASED EVER IN U.S. ARME		SOCIAL SECURITY N	D. 17. INFORMANT	ADDRESS	
4		NO		08.10.9928	ELEANORE R.	ROFFINO SAME	AS 13e.
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Of the Conditions, if only, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS DUE TO, OR AS (b) DUE TO, OR AS	S A CONSEQUENCE O	ing outers	arrest y dbease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO			BUT NOT RELATED TO THE TER	FYES, WERE FINDINGS USED FYES OF DEATH? YES \(\text{PS} \) NO \(\text{PS} \)	
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF I	MONTH DAY YE	211 LOCATION	YES NO RRED (ENTER NATURE OF INJURY IN ITE	
	N.	WHILE AT WORK 120.1 certify that 11 this hospitol sow the decease glive on obove (H)(we) Edid (did not): 22b. SIGNATURE) ottended the de	eceased from	, and that in my (our) opinion		d hour and from the couses stated 22c DATE SIGNED
		224 PHYSICIAN'S NAME (TYPEORE	ROOPS	, 1190	ATTENDING PHYSICIAN 270. ADDRESS BOLLO	MEDICAL STAFF DIRECTOR PHYSICIAN	C 3 2/84
	(5	SPECIFY)	23b. DATE	17.0	PF CEMETERY OR CREMATORY	CITY OF TOWN	COUNTY STATE
		JRIAL INERAL DIRECTOR	3/6/198	4 ST. G	FORGE CEMETERY	PITTSBURGH	PENNSYLVANIA GISHRAR'S SIGNATURE AND
		MARKAL DIKECTOR					

DHMH - 16 50M 4/82 (VRA 15, 4)

BP



executed within 24 hours ofter death. Page 4

certificote be

ond 2 s

tigned by the attending physicion and c

WPORTANT If hem 21 is marked as hem 18 shaws any injury, as other troumotic event, the medical of

should be detached for use as the burial-transit germit. Then please remove corbon paper with the State Dept. of Health and Mental Hyggers prior to burial, cremotion, or removal.

		FOR
1	-	STATE
		REGISTRAR

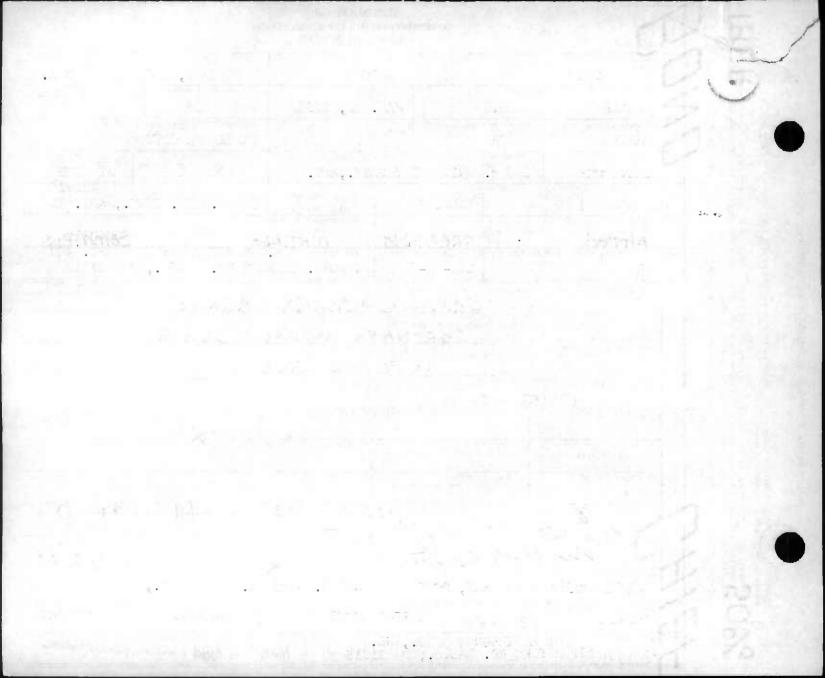
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

.27.4	2.9	1	~~?	1
0	/	J	3	-

	1.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
P		CEASED NAME EIRST	۸	AIDDLE	į	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
34	(1111	IDA			RO	OS	MARCH 9	, 1984		9 A. M
	3. SE)	FEMALE	4 RACE WHITE		JAN	5 BIRTH 23 N 1896	6. AGE (IN YEARS LAST BE	MON	UNDER 1 YEAR	HOURS MIN.
3	71a. B1	RTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76. CITIZEN OF V	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY 9 BALTIMORE	OR COUNTY O	FDEATH	MD.
8	10. C1	TY OR TOWN OF DEATH BALTIMORE				KWY., APT.6E	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEW		AT H	
3	13a S	AL RESIDENCE (IF NURSING HOME OF STATE IARYLAND		GIVE RESIDENCE BEFORE 131, CITY OR TOW BALTIMOI		13d INSIDE CITY LIMITS? YES 1 NO 1	13°500FW.UNI	V. PRWY	*, APT	21210 F. 6E
2) 6a V	AFCED VAS DECEASED EVER IN U.S. AR		GREEN 16b SOCIAL SECU		15. MOTHER'S MAIDEN NA FIRST 17. INFORMANT MIRS	OA MIDDLE	es S NDYER	Somr	ners
	()	res, noor unknown) (IF YES, GI	E WAR OR DATES)	212-48-0	6623	4000 N. CHA	RLES ST. BA	LTO., MD	212	218
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause o), stating the underlying cause lost.	DUE TO, OI	CARDI R AS A CONSEQUE CORC	OPUL INCE OF	MONARY RY ARTER	V DisGA		BETWEEN	wate interval Miset and death
	NOI	PART 2. OTHER SIGNIFICANT	conditions co	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COM	NDITION GIVEN	IN PART 110	1
2	CERTIFICATION	190. DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES ☐ NO♥	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	
1	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 714. IN JURY OCCURRED	HOUR A.	m. month da m.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18. PART	1 OR PART 2)	
	MEC	WHILE NOT WHILE AT WORK		PEET, FACTORY OFFICE F	ARM, ETC.)	STREET	CITY OR I	OWN	COUNTY	STATE
{	1	22.1 certify that (1) this hosp saw the deceased alive or above (1h(we) did) (tid no	1	and .		that in (my) (our) apinion	death occurred on the	date and hour a	nd from the	
-		22% SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D						3/	9/84	
1		MIGUEL KAKOC		SKY,		300 E. 33rd	St. BA	LTO.,MI)	
		BURIAL, CREMATION, REMOVAL SPECIF BURIAL	3-11-	87		EMETERY OF CREMATORY AMUNO	23d. LOCATION BAYETISM(RYLAND
	24. FU	JNERAL DIRECTOR SOL 6010 REISTERS	LEVINSO TOWN RD.	DN & BROS BALTO.,	,INC	1215 Z5a. DAI	R 1 4 1984	256. REGISTRA	Adsor-	andell

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Page and 2 shauld be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	1	3	
4.				

1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYS ICATE OF DEATH	IENE REG. NO	0.	Code Code	
I. DEC	CEASED NAME FIRST	N	AIDDLE	ŧ	AST .	2a. DATE OF DEATH		YEAR 2	b. HOUR
(TYPE	REUBEN			ROSE	MAN , Ph.D.	MARCH 31	1984		2:43
3. SE)		4. RACE		5. DATE C	, - 11000	6 AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 HR
				MONTH	DAY YEAR		MONTH		HOURS MIN
	ale	WHite			. 3, 1908	75	YRS.		
a. Bii	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
	Maryland	U.S.A.		WIDOWE		BALTIMOR		,	N
	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATI		b. KIND OF	BUSINESSO
B	ALTIMORE	THR	JOHNS HO	PKIN	S HOSPITAL	Research	Chemis		
USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 131 COU Maryland Bal	rother institution. NTY Limore	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Timoni	N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADDRESS 520 Wynga	te Road	2109	3
	Adolph Josep	h Ro	oseman LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	Lev	itzsky	,
60 V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE			
()	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	213-12-0	185	Mrs. Catheri	ne L. Rosem	an Same	as #	13.
	18 CAUSE OF DEATH (Enter o	alu ana causa nor					1		ATE INTERVAL
	PART I. DEATH WAS CAUS	ED BY:			WARY COLL	R.PSE		2hv	
	IMMEDIA	TE CAUSE (a)	Tanto	Port	JAMAT COLL	71: 2-		-VIV	
	4140	DUE TO, OF	R AS A CONSEQUE	NCE OF					
	Conditions, if any, which (b)								
	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
. 0	underlying cause last.	(c)							
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	Inal disease or con	DITION GIVEN IN	PART Ita	
CATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDING	SUSED
본	3/20/84	CORO	NARY AR	TERY	DISEASE	YES NO	IN CERTIFYING	CAUSES O	NO T
CERTIF	21a. ACCIDENT WAS UNDERLYING			Theory 1				OR PART 2)	
-	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
ICA	(IF EITHER, NOTIFY MEDICAL EXAMINE			19	211 LOCATION				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn (COUNTY	STATE
•	AT WORK AT WORK	e-							
	AT TOM	22a certify that (I) this haspital attended the deceased from 3//8 19.84 to 3//3/ 19.84 that (I) this haspital attended the deceased from 3//8 19.84 to 3//3/							
	22a. I certify that (I) this hasp		e deceased from	3/18			. 19.	gy, th	
	220.1 certify that (I) this hasp	3/3/	19.5	3/18	nd that in (my) our) opinion		te and hour and	from the co	
	22a. I certify that (I) this hasp	3/3/	19.5					from the co	uses stated
	220.1 certify that (I) this hasp sow the deceased alive or above (1) (we) (did) (did n	ot) view the body	ofter death.		nd that in (my) our) opinion of the company opinion of the company	death accurred on the de	FF		uses stated
	270. I certify that (I) this hosp saw the deceased alive or obove (Mixe) (did) (did no 27b. SIGNATURE	ot) view the body	ofter death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF		uses stated
	220.1 certify that (I) this hasp sow the deceased alive or above (1) (we) (did) (did n	ot) view the body OR PRINT)	ofter death.		nd that in my our) opinion DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF IAN 2	22c. DATE SI	uses stated
23a F	220. I certify that (I) this hosp sow the deceased alive or obove (II) (we) (Idia) (Idia n 22b. SIGNATURE Male, a 22d. PHYSICIAN'S NAME (TYPE	n 3/3/ ot) view the body relamin OR PRINT) TALAW	ofter death.	٨	DEGREE AD PHYSICIAN [220 ADDRESS TOHUS HO	MEDICAL STA	FF IAN 2	22c. DATE SI	uses stated
(270. I certify that (I) this hosp sow the deceased alive or obove (Diwe) (did) (did no 27b. SIGNATURE 272d. PHYSICIAN'S NAME (17PE MARIC A. BURIAL, CREMATION, REMOVA:	OR PRINT) TALAW 1 23b. DATE	ofter death.	AME OF C	DEGREE ATTENDING PHYSICIAN 220 ADDRESS JOHUS HO EMETERY OR CREMATORY	MEDICAL STA DIRECTOR PHYSIC	FIAND HOSPITA	3/3/	GNED STATE
E	270. I certify that (I) this hosp sow the deceased alive or obove (II) we lided (did no 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE MARIC A. BURIAL, CREMATION, REMOVA: (SPECIFY) BURIAL	OR PRINT) TALAW 1 23b. DATE	ofter death.	AME OF C	DEGREE ATTENDING PHYSICIAN 220 ADDRESS JOHUS HO EMETERY OR CREMATORY TON Nat. Cem.	MEDICAL STA DIRECTOR PHYSIC P(< 1)US - 123d. LOCATION CITY OR TOWN Arlingto	HOSPITA	22c DATE SI	ia STATE
13 24. FU	270. I certify that (I) this hosp sow the deceased alive or obove (Diwe) (did) (did no 27b. SIGNATURE 272d. PHYSICIAN'S NAME (17PE MARIC A. BURIAL, CREMATION, REMOVA:	OR PRINT) TALAW 1 23b. DATE April	ofter death. ALLUI 3,1984 Ax	AME OF C	DEGREE ATTENDING PHYSICIAN 220 ADDRESS JOHUS HO EMETERY OR CREMATORY ton Nat. Cem.	MEDICAL STA DIRECTOR PHYSIC P(< 1)US - 23d. LOCATION CITY OR TOWN Arlingto E REC'D. BY REGISTRAR	on V	22c DATE SI 3/3/	ia STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

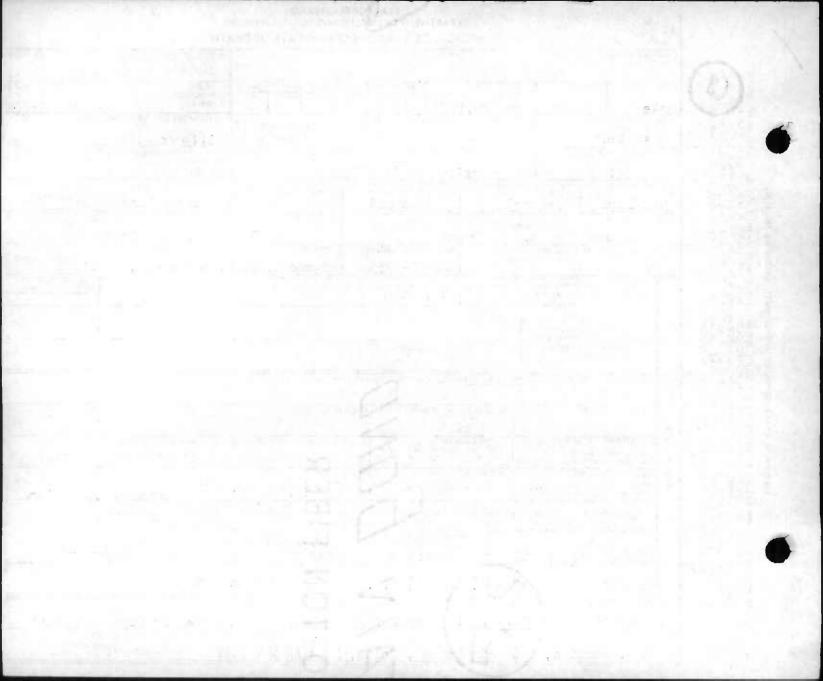
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retained by the haspital ar ottending physician.

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20M 4/82

STATE OF MARYLAND



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shauld be detached twith the State Dept

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR 1. DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) John E. Sr. IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IETINDER 21 3 SEX Male Whi te Sept 1889 94 YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRYS U.S.A. Maryland Baltimore City WIDOWED X DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Good Samaritan Sheet Metalworker Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13g STATE 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 6500 McClean Blvd. 13d. INSIDE CITY LIMITS? 21214 Maryland Baltimore YES T NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE LAST Elizabeth William Ross Munn ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1534 Sherwood Ave. 2123 212-26-1766 John E. Ross Jr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and then PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) and lower lobe Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OFFICE 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. LIF EITHER NOTIFY MEDICAL EXAMINERS 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE IAT HOME STREET FACTORY OFFICE FARM FTC 1 STREET WHILE NOT WHILE 22a | certify that (1) (this haspital) attended the deceased from, sow the deceased alive on_____ above, (i) (we) (did) (did not) v in this bady of the land and that in [mi] (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 4 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR 22e. ADDRESS PARIKH MI JYOTIN

DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECIFY) Burial

23a. BURIAL, CREMATION, REMOVAL Mar 30 1984

231. NAME OF CEMETERY OR CREMATORY Baltimore National

Baltimore

Maryland

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland 250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE whia Davidson-Randell

executed within 24 hours ofter death. Page 4 may be

completely filled in by the funeral

offending physicion

۲.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEA	OF MARYLAND LLTH AND MENTAL HYG ATE OF DEATH	IENE 7 0 REG. NO.	5 5
	CEASED NAME FIRST E OR PRINT) THOM	MIDDLE	R	0.55	20 DATE OF DEATH MONTH	10 1100K
						(*)
)	MALE	BLACK	5. DATE OF I	BIRTH Z Y YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN 7b COUNTRY) irginia	CITIZEN OF WHAT COUNTR	Y? 8 MARRIED (NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COL	JOSZE CITY MD.
		NAME OF HOSPITAL, NURS	SING HOME OR		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR
13a.	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY aryland		WN 113	Bd. INSIDE CITY LIMITS?	13e. STREET APDRESS 3104 Brigh	21207 ntwood Avenue
14. F	ATHER'S NAME FIRST Edward	ROSS		MOTHER'S MAIDEN NAM	WIDDLE	Lawrence
	WAS DECEASED EVER IN U.S. ARME YES NO OR UNKNOWN) (IF YES GIVE W	AR OR DATEST		Lucinda B.	Ross 3104	Brightwood Ave.
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	BY:	CARDI	O RESPIR	NTURY ARRES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which		SPIRI	ATORY FAIC	UPE - PNEU	INOU/A
	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	DUENCE OF		A	
NO	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing</u> t	O DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION \	WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	No. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART ?)
AEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		If. LOCATION STREET	CITY OR TOWN	COUNTY STATE

that (1) (we) last

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 19 sow the deceased alive on above, (I) (we) (did) (did not) view the body after death that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL

DIRECTOR

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT

22b. SIGNATURE

22e ADDRESS

BP

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove corbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or offending physician.

230 BURIAL, CREMATION, REMOVAL 3/27/84

LEDUNINA

23c NAME OF CEMETERY OR CREMATORY Mount Auburn Cem.

DEGREE

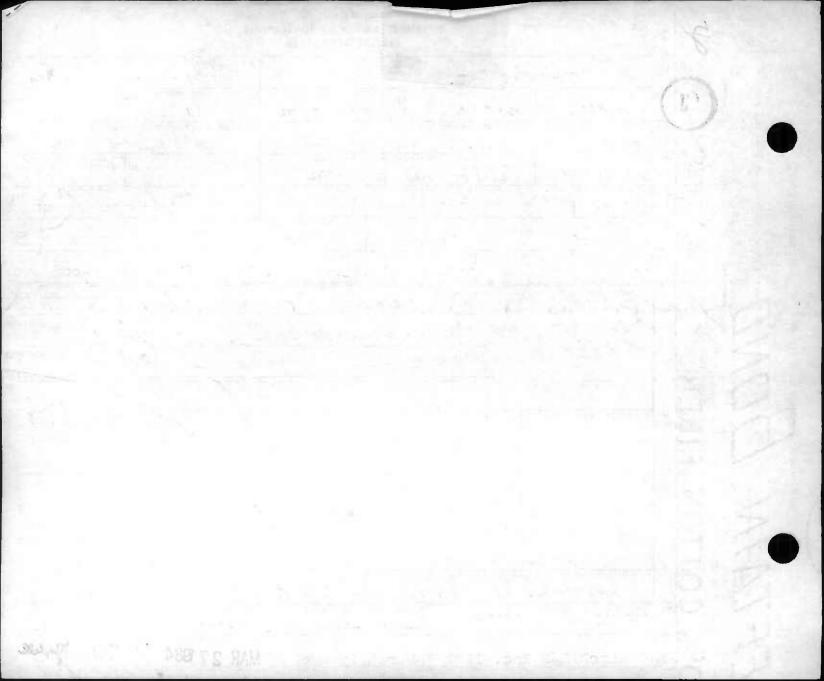
23d. LOCATION
CITY OR TOWN
Baltimore

STAFF PHYSICIAN A

Md.

24 FUNERAL DIRECTOR C March F/H Inc. 1101 E North Avenue

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed etained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If them 21 is marked or them 18 sooms any injury, ar ather traumatic event, the

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

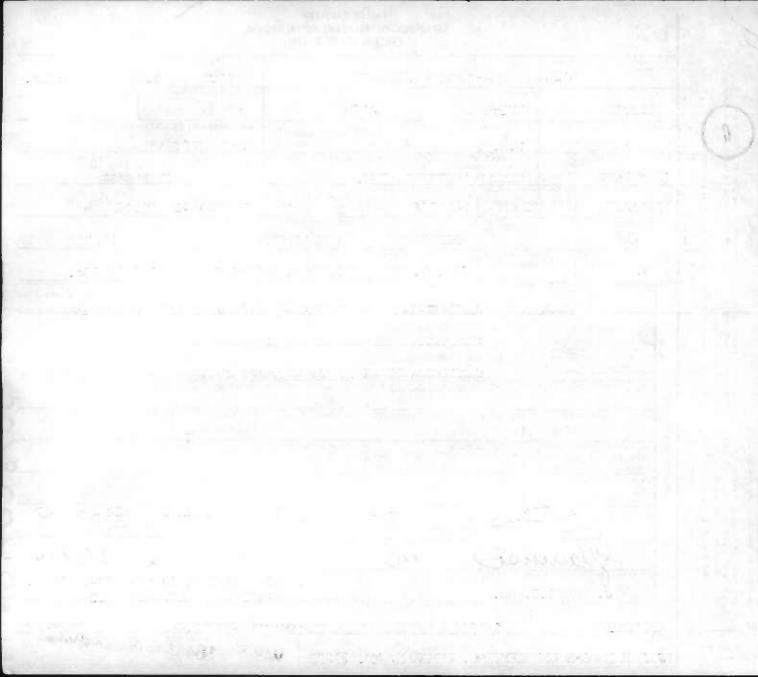
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 5 3

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REGIS	TRAR			CERTI	ICAIL OI DEATH	REG. N	0.			
1. DECEASED		A	AIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOL	JR
(TYPE OR PRINT)	LAILA	MITHE	ELMINA RO	VECA	MP	MARCH 3	3, 1984		8:2	M. AO
3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER	MIN.
FEMA	LE	WHITE		8/	4/1916	67	YRS.	DATS	HOURS	MA INL
6. BIRTHPLA	CE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH		
	VIRGINIA	U.S.A.		WIDOWE	D DIVORCED	BALTIMORE	CITY		+c	MD.
TO CITY OR T	OWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120. USUAL OCCUPAT		12b. KIND O	F BUSINE	ESSOR
BALTI		CHURCH	HOSPITAL	, IN	C.		HOMEMA	KER		
USUAL RESIDE 130. STATE MARYL	AND BAI	ROTHER INSTITUTION, NTY TIMORE	GIVE RESIDENCE BEFORE A 134. CITY OR TOWN DUNDALK		136. INSIDE CITY LIMITS?	130. STREET ADDRESS 39 YORKWA	Y 2122	22		
JEATHER'S	NAME EIRST OHN	MIDDLE	WALÎNIEM	II	15. MOTHER'S MAIDEN NAI WILHELMIN	WIDDLE		KALL		
160 WAS DE	CEASED EVER IN U.S. A		166. SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDR	ESS			
"NO"	R UNKNOWN) (IF YES, G	IVE WAR OR DATES)	213.07.9	360	WILLIAM H. R	OVECAMP	SAME	AS 13	e.	
18. CA	USE OF DEATH LEnter of	inly one couse per	line for (a), (b), and	(C1.)				BETWEEN	MATE INTE	RVAL DEATH
PART 2	P. OTHER SIGNIFICANT	(c) (CONDITIONS CO	R AS A CONSEQUEN CARCTNOMA ENTRIBUTING TO DE	ADTA CE OF OF R	NOT RELATED TO THE TERM	RGE CELL INAL DISEASE OR CON 200. AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	NGS USE	TH?
OR COM	CIDENT WAS UNDERLYING (NTRIBUTING CAUSE OF DI HER, NOTIFY MEDICAL EXAMINI	AIH.	M. MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I 1 OR PART 2)		
21d. IN	JURY OCCURRED	21s PLACE		RM. ETC)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY		STATE
sa	ertify that (I) this hasp w the deceased alive o bave, (I) (we) (did))(did n	MARCH	3 19	MARC 84, a	H 2 , 19_84 and that in (my) (our opinion	, toMARCH death accurred on the d				we last oted
22b. SH	Mari	iisE		10	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		3 (SIGNED	34
22d. PH	J. MANNIS					H HOSPITAL	CORPORA	ATION,		N.
23a. BURIAL,	CREMATION, REMOVA		23c. NA	AME OF C	EMETERY OR CREMATORY	23d. LOCATION				
(SPECIFY)	ATION	3/5/1	984 CR	EEN I	MOUNT CREMATO	BAT TTMOR		COUNTY	MARY	L'AND
24 FUNERAL	DIRECTOR	1 9/ 9/ 1	17.00		250. DAT	E REC'D. BY REGISTRAF	250 REGISTA	R'S SIGNA	sorphe)	2
WALTE	R BROOKS BR	ADLEY, IN	C. DUNDAL	K, M	D. 21222 MA	AR 5 1984	guna va	Informa - a	0	



FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

2a. DATE OF DEATH MONTH 2b. HOUR DECEASED NAME FIRST (TYPE OR PRINT) IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3. SEX MONTH 20 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE I STATE OF FOREIGN MARRIED MEVER MARRIED CQUNTRY) Carolina WIDOWED DIVORCED 10. CITY OR OWN OF DEATH 126 KIND OF BUSINESS OR 1.]. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, 130. STATE 131. COUNTY 2912 Wes 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Westwood Avenue 21217 Maryland YES X NO [15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Alonzo MIDDLE Pearl Ruffin Ruffin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Rosa Lee Ruffin 2912 Westwood Avenue 244-36-8775 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: da IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 19a. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES NO T 71g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21s. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE Vovembe 22a. I certify that (I) (this haspital) attended the deceased from, sow the deceased alive on _ Jealy and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death 22c. DATE SIGNED DEGREE 22b. SIGNATURE STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e. ADDRESS 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY STATE COUNTY (SPECIFY) BURTAL. /10/84 Arbutus MEm Arhutus 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR gula Daydson Handall NAME Inc. 1101 E. North Aye MAR 1 Wm C March F/H,

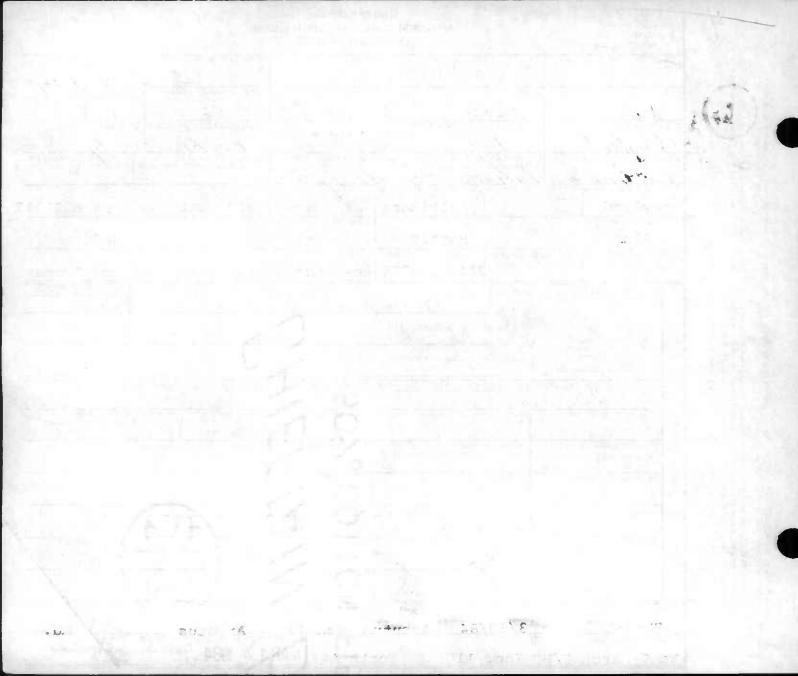
DHMH - 16 50M 4/82 (VRA 15, 4)

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MPORTANT



BP DHMH - 16 50M 4/82

(VRA 15, 4)

FOR STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC.	NO

7 3 3

	REGISTRAR				REG. NO			
	DECEASED NAME FIRS	T MIDDLE		LAST	20. DATE OF DEATH	AONTH DAY	YEAR 26 H	OUR
		IUS G	RII	LEY SR-	MARCH 7, 19	84	2.	30p
3.5	SEX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTH			DER 24 H
1	M	W	MONT 4	23 - 19 3 EAR	63	YRS.		RS M
85 7	BIRTHPLACE STATE OR FOREIG	76. CITIZEN OF WHAT	COUNTRY? 8.	D M NEVER MARRIED	9. BALTIMORE CITY OR			
//	MARYLAND	U. S. A	WIDOW			ORE CIT	. A -	
55	BALTO,		Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	BLDING ME	WORKING LIFE) IND	KIND OF BUS CUSTRY	
	OLAL RESIDENCE (IF NURSING HO	DUNKY 13CCI	TY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	ZIZ NYNBR	24	20.
30	FATHER'S NAME FIRST	RULEY	EAST	15. MOTHER'S MAIDEN NA		TAEHE	LAST	
160	WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SC	00 S-017 2	17. INFORMANT	M. Ruly,	, 8032	Wynb	24
Direct froumonic	Canditians, it any, which gave rise to immedia cause (a), stating the underlying cause los	the (b) GAS' DUE TO, OR AS A	CONSEQUENCE OF	NAL BLEEDING				
ATION	gave rise to immedia cause (a), stating II underlying cause los PART 2. OTHER SIGNIFIC.	th (b) GAS' te (b) GAS' DUE TO, OR AS A (c) CAN(c) (c) CAN(c)	TROINTESTI CONSEQUENCE OF CER OF LUN UTING TO DEATH BUT	G I NOT RELATED TO THE TERM		12.00	16.73	SEC
TIFICATION	gave rise to immedia cause (a), stating II underlying cause los PART 2. OTHER SIGNIFIC.	th (b) GAS' te (b) GAS' DUE TO, OR AS A (c) CAN(c) (c) CAN(c)	TROINTESTI CONSEQUENCE OF CER OF LUN	G I NOT RELATED TO THE TERM		ITION GIVEN IN R 20b. IF YES, WERE IN CERTIFYING O YES	FINDINGS U	EATH?
CAL CERTIFICATION	gave rise to immedio cause (a), stating it underlying cause los PART 2. OTHER SIGNIFIC. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING.	The (b) GAS' DUE TO, OR AS A CANG CANG ANT CONDITIONS CONTRIB 196. CONDITION F HOUR A.M. MI	TROINTESTI CONSEQUENCE OF CER OF LUNI UTING TO DEATH BUT OR WHICH OPERATIO	G NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURR	200 AUTOPSY? YES □ NOX	20b. IF YES, WERE IN CERTIFYING C YES [E FINDINGS U CAUSES OF DE NO	EATH?
EDICAL	gave rise to immedio cause (a), stating it underlying cause los PART 2. OTHER SIGNIFIC. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING.	The (b) GAS' DUE TO, OR AS A (C) CAN' (c) CAN' ANT CONDITIONS CONTRIBUTIONS 19b. CONDITION F HOUR A.M. MI P.M. 21b. PLACE OF INJUIT LAT HOME STREET FACT. LAT HOME STREET FACT.	TROINTESTI CONSEQUENCE OF CER OF LUNI UTING TO DEATH BUT OR WHICH OPERATIO RY ONTH DAY YEAR 19 JRY ORY, OFFICE, FARM, ETC.)	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR!	200 AUTOPSY? YES NO CED (ENTER NATURE OF INJURY)	20b. IF YES, WERE IN CERTIFYING C YES TO THE TENT T	E FINDINGS U CAUSES OF DE NO	EATH?
AEDICAL	gove rise to immedio cause (a), stating the underlying cause loss of the cause list either, MOTHY MEDICALEX. 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE LIST EITHER, MOTHY MEDICALEX. 210. INJURY OCCURRED WHILE AT WORK AT WORK 220-1 certify that (1) this	The (b) GAS' DUE TO, OR AS A (C) CAN' (c) CAN' ANT CONDITIONS CONTRIBUTIONS 19b. CONDITION F HOUR A.M. MI P.M. 21b. PLACE OF INJUIT LAT HOME STREET FACT. LAT HOME STREET FACT.	TROINTESTI CONSEQUENCE OF CER OF LUNI UTING TO DEATH BUT OR WHICH OPERATIO RY ONTH DAY YEAR 19 JRY ORY, OFFICE, FARM, ETC.) DOSED FROM MAR.	G I NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR!	200 AUTOPSY? YES NO CONTROL NATURE OF INJURY CITY OR TOWN	20b IF YES, WERE IN CERTIFYING O YES	FINDINGS U FAUSES OF DE NO PART 2)	STATE
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7527 Herford Rd

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FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

GIENE			

1	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
1	I DECEASED NAME FIRST	MIDDL	E	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
1	(TYPE OR PRINT) CHARLES	OT.	SEPH RU	MNEY	3-	30-84 Z:30Am
4	3. SEX	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	MALE	WHITE	12		82 YR	
1	7a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8	IED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
):	MARYLAND	U.S.A.			BALTIMORE	CITY MD.
q	10. CITY OR TOWN OF DEATH	11. NAME OF HOS		OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR
/	BALTIMORE		HNAL ROAD.	21229	MACHINIST	SHIPYARD
٦	USUAL RESIDENCE (IF NURSING HOME OR 130, STATE 13b, COUN		RESIDENCE BEFORE ADMISSION	1) 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	ODE
	MARYLAND -		ALTIMORE	YES NO	707 BETHNAL R	
J	14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	LAST
Ŋ	WILLIAM	C.	RUMNEY	LULA		HARTING
	160. WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166.	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	NO NO		05-09-8056	CHARLES D. 1	RUMNEY 4434 ELD	
	18 CAUSE OF DEATH (Enter on	ly one couse per line	for (a), (b), and (c)	#84-1-1-1	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE		ardies	- Decom	penselvou	- 2 days
	14079		A CONSEQUENCE OF		1 4- 1	1 4 4011 4 4
ğ	Canditions, if any, which	((b) A	perleuse	ue arlunt	relieste	east 4 Th
	gove rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF		S.	- serve
	underlying cause last.	(c)				
		ONDITIONS CONT	RIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	
2	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	week	roser	, repore	- weer de	
	M DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERATI	ON WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
	RIT .				YES NO	YES NO
		1	MONTH DAY YEA		RED (ENTER NATURE OF INJURY IN ITEM	.18 PART I OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19			
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE	21e PLACE OF 1	NJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
	AT WORK AI WORK		7)1.4	5 de 16 VA	mande	20.67/
	22a.1 certify that (I) (this hospisow the deceased alive on	mal) attended the de		mel 16, 19 80	death occurred on the date and	to 19 3 4 , that (I) (we) last
	above, (I) (we) (did) (did no	t) view the body after	er death.	DEGREE DEGREE	death occurred an the bate and	22c. DATE SIGNED
	120. SIGNATURE	de .	l of	ATTENDING	MEDICAL STAFF	5 3 - VI
	220, PHYSICIAN'S NAME (1) PEC	Day	uarrey!	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	13-20-04
	A. BRADLEY DAT		M.D.		S AVENUE, 21227	
	23a BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	BURIAL	04-02-8	4 CREST	LAWN MEM. GAR.		LE HOWARD MD.
	24 FUNERAL DIRECTOR NAME		ADDRESS	7177	TE REC'D. BY REGISTRAR 256 REG	NO WILLIAM WILLIAM CONTRACTOR
	HUBBARD FUNERAL	HOME INC.	4107 WITK	ENS AVE	M IL EL NOO!	

4107 WILKENS AVE

DHMH - 16 50M 4/B3 (VRA 15, 4)

HUBBARD FUNERAL HOME, INC.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and committeely should be detached for use as the busial-transit permit. Then please remove corbon-papers. Pages 1 and 7 st with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Nem 48 shows pay injury, or other troumotic event, the medico

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the haspital or attending physician.

BP

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15/0 (61) 22/04	
CONTRACTOR OF THE PROPERTY.	200 A 100 A
10.000	The state of the s
SEPTER.	Attached Virginia (Company)
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E-8-8 0	I describe the the things of the
	- Lithian and the contract of
. a carrier and very service	T. A. A. B. A. Tologo
	With the law of morn total one whose mag nike a series

STATE OF MARYLAND

0 7 3 4 0

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

İ	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	10.		
	TYPE	EASED NAME FIRST	nna	C.	R	ussell			38	84	3:45 M
	3. SEX	FEMALE		ITE				86			HOURS MIN.
1. CALSE OF DEATH COUNTY	MD.										
Ī			(IF NOT IN SUC	H FACILITY, GIVE STE	REET ADDRESS)		n /1	TYPE OF WORK FOR MOST	OF WORKING LIF		F BUSINESS OR
1	13a. S	TATE 136 COU	SISTRAR EN I A CHIEVE AND C. PEN AME 1831 MODIE I RACE I R			ALTIMORE					
1	F	Henry	224			Anna				Fri	tz
		ES, NO OR UNKNOWN) (#FYES, GI		121			W				
	ICATION	gave rise to immediate cause (a), stalling the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, COONDITIONS C	ONTRIBUTING	QUENCE OF		TERMIN		20b. IF YES	S, WERE FINDI	NGS USED
		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	M. MONTH		21c HOW INJURY OF	CCURRED				№ □
	MEDIC/	21d. INJURY OCCURRED	21e. PLACE	OF INJURY				CITY OR T	OWN	COUNTY	STATE
		saw the deceased alive a abave, (I) (we) (did) (did n	31	81	9 84, ar		S-Y	ta3	date and had	ır and fram the	
		بح	luin	year/1	ng.	ATTENDI PHYSICI		DIRECTOR PHYS	ICIAN X	3/8	7/84.
							BA	CTIMOR			-
	Bi	URIAL CREMATION, REMOVA SPECIFY) Urial				tanislaus	5	Balto			Md.
		Dhname C. Mille	r Inc.	6415°	Belair	20 DATE OF DEATH MONTH 948 25 HOUR 3 4 4 3 4 4 4 4 4 4					

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital as attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages, Land Librarid be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

FOR - STATE

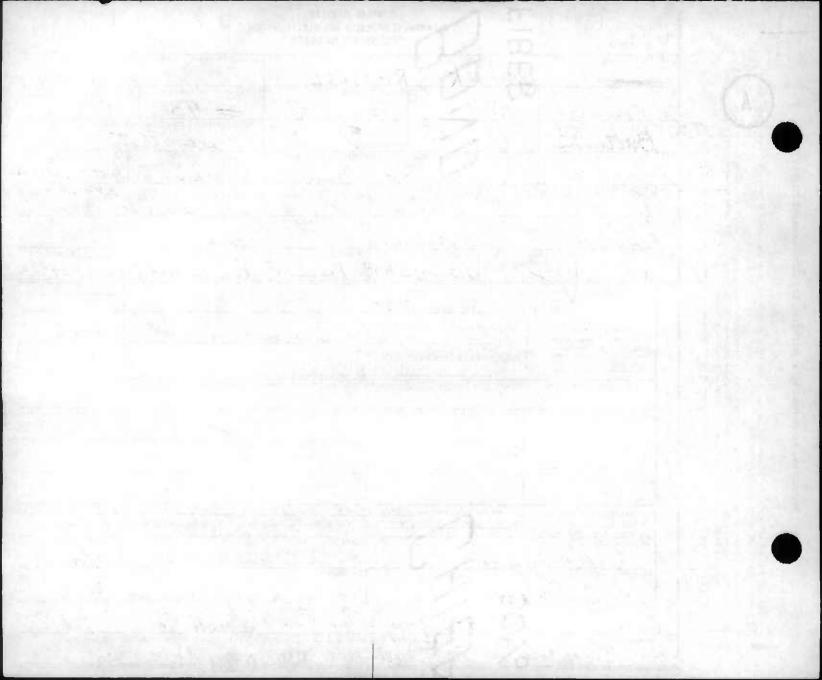
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

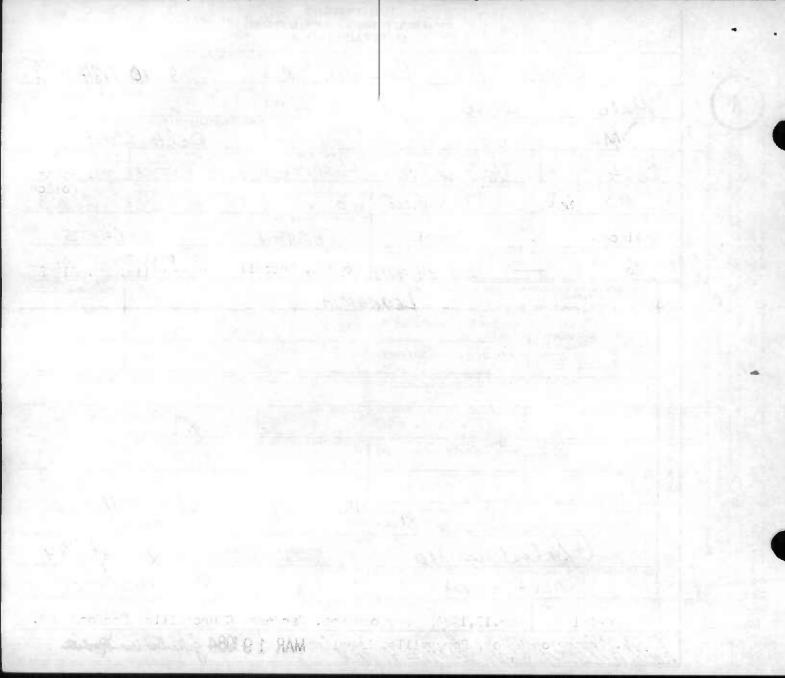
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1-	STATE REGISTRAR	OCI AI	CERTIF			NO		
	CEASED NAME FRST	MIDDLE	i.	AST	2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(1986)	Off Princip.	11200511 6	RI	CCFII		3	23 84	7.20
3. SE2	L F	4. RACE	5 DATE C	FRIRTH	6. AGE (IN YEARS LAST B		IF UNDER 1 YEA	
/	Female	White		0AY YEAR 13 90	# 9	3	MONTHS DAY	S HOURS MIN
7a. 88	Bultimore	76. CITIZEN OF WHAT COUNTR	MARRIE		12 1	1	-4-	
0	PALTIHORE Md.	(IF NOT IN SUCH FACILITY, GIVE STR	REET ADDRESS)	ROTHER INSTITUTION			LIFE LINDUSTR	OF BUSINESS O
13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	INTY 136. CITY OR TO	S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH OAT S. DATE OF BIRTH MONTH S. DATE S. DATE OF BIRTH MONTH OAT S. DATE S.	DE 2 1	230			
4. FA	TRALL CIS		e ivi			~		LAST
	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI			17. INFORMANT Roband C	6. Russell	1118	Carra	230 el H.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDING Archot LIDO DUE TO OR AS A CONSEQUENCE OF							OXIMATE INTERVAL NONSET AND DEATH
TION	gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1							
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	N WAS PERFORMED	IN CERTIFYING CAUSES OF DE				
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH		21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF IN	iury in Item I	8 PART TORPART 2)
MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY			CITY OR I	OWN	COUNTY	STATE
	220.1 certify that (1) (this haspital) attended the deceased fram ARRELL 33 19 14 to ARRELL 34 19 19 19 19 that (1) (visual deceased alive on ARRELL 33 19 19 19 19 19 19 19 19 19 19 19 19 19							
	J. Me CAC	ORPROFILEY HIB.		122e. ADDRESS	- 22 S. Gu	une c	Ler. Ger	4.41.
23a. 8	BURIAL, CREMATION, REMOVA	1 236 DATE 3-27-1984 2	1	Wash Com	23d. LOCATION	60.	COUNTY	ted mare
1	(SPECIFY) · /	3-27-1984 X	Torraine hud	Vach Com	Bieto.	25b. REG		ATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.





	FOR
	1 011
1 -	STATE

Female

3. SEX

REGISTRAR DECEASED NAME TYPE OR PRINT)

DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 0 7 5	4 3		
S P	Rutter	20. DATE OF DEATH MO	3 09 84	955	
4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD			_
White	1 21 193	5 49	YRS. DAYS	5 HOURS M	IN.
76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR C	COUNTY OF DEATH		
U.S.A.	WIDOWED DIVORCED	Baltimore	City		м

120. USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

Pennsylvania Baltimore

BIRTHPLACE ISTATE OR FOREIGN

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore City Hospital GIVE RESIDENCE BEFORE ADMISSION

Nurse-Baltimore City Hosp. 13e Street Address 7220 River Drive Road

Maryland 4. FATHER'S NAME Basi1

YES, NO OR UNKNOWN)

13a STATE

No

CERTIFICATION

MEDICAL

puo

Poges

corbonpoper

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shows

morked or Item 18

IMPORTANT: If Item 21 is

0 prior

for use as the burial-transit per of Health and Mental Hygiene

PHYSICIAN: The ottending physicio certificote

HOSPITAL

LAST Pagana 16b. SOCIAL SECURITY NO

211-26-2266

CITY OR TOWN

Edgemere

Amelia 17 INFORMANT Garth L. Rutter

NO X 15. MOTHER'S MAIDEN NAME

13d. INSIDE CITY LIMITS?

ADDRESS Same as 13e

Ignoczi

INDUSTRY

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.

190. DATE OF OPERATION

21d. INJURY OCCURRED

WHILE

Burial

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONDITION FOR WHICH OPERATION WAS PERFORMED

19

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

NOT WHILE

71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

21e. PLACE OF INJURY

3/13/1984

21c HOW INJURY OCCURRED

CITY OF TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

211. LOCATION

20n AUTOPSYJ

COUNTY STATE

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22a. I certify that (I) (this haspital) attended the deceased from sow the eleceosed olive on obove (1) (we) did) (did not) view the body ofter death 226 SIGNATURE

23b. DATE

Baltimore

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

DEGREE

22e ADDRESS

Dulaney Valley

STREET

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

STAFF

22c. DATE, SIGNED

22d. PHYSICIAN'S NAME (TYPE-OR PRINT)

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Baltimore

COUNTY Maryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

FUNERAL DIRECTOR:

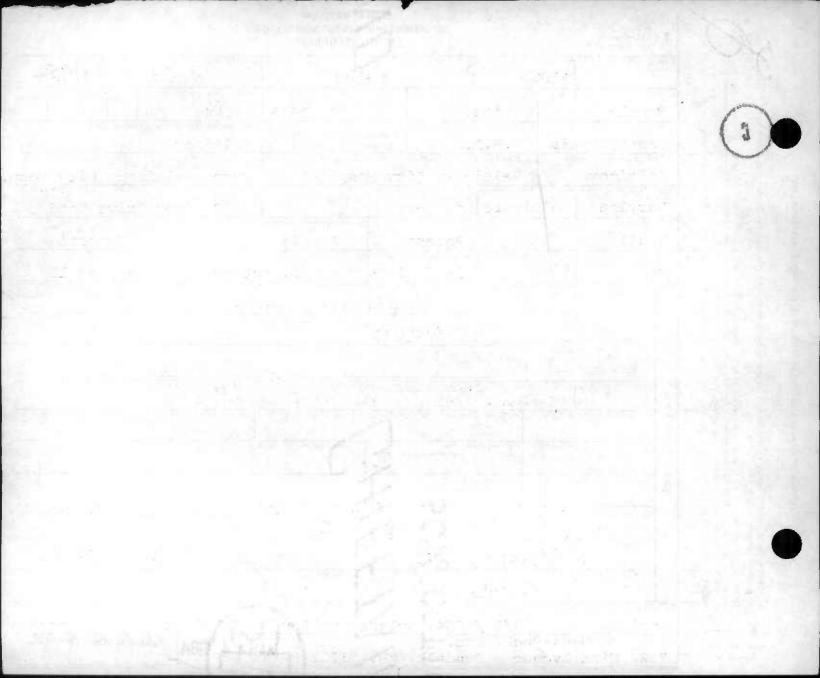
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should be 5hou

> 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue

230. BURIAL, CREMATION, REMOVAL

Dundalk, MD.

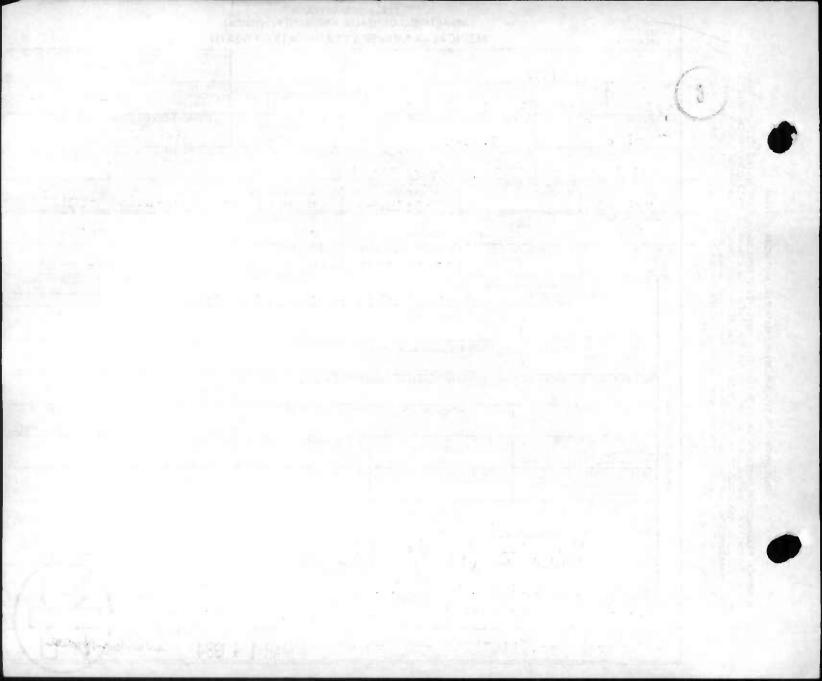


20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE

PEIM	TITLE TO			445-45 1111	OILITE
MEDICA	FXAMI	VER'S	FRIFIC	ATE OF	DEATH

4	#OR				D	EPART	STAT MENT OF H		ARYLAI AND M		HYGIEN	E 7	5 4	-		
1-	REGIS	STRAR			MED	ICAL	EXAMINE	R'S C	ERTIFI	CATE	OF DEA	ATH	REG. NO.			AMERICAN PROPERTY AND AMERICAN PROPERTY
	CEAS PE OR PE	ED NAME	FIRST	_ I AM		MIDDLE		RYA	AST V			OF.	NOWNXX ESTI- MATED	3-9-	-84 19	
SE	2	4. RAC	E	5. DATE	2741	YEAR	6 AGE (IN YEAR LAST BIRTHDAY	IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE PRONOUNG DEAD	CED	3-9-	DAY YEAR	
70-8		LACE (STATE OR	lack	3 7ь. СП	15 IZEN OF WH	24 AT COUN	TRY?		D 🕅 NE	VER MARR	IED 🗌		ORE CITY OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES NOW NOW DATE SIGNED 3-12-84 MONTH DAY YEAR 2d. HOUR 1:32P AMD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DATE SIGNED 3-12-84 MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DATE SIGNED 3-12-84		
10. CITY OR TOWN OF DEATH 11. NAME		U.S.A. WIDOWED DIVORCED Baltimore C										MD.				
,	Ва	ltimore		23	19 N.	Calv	ert Str	eet	R INSTITU	ITION		MOST OF WORK		OF WORK		YEAR 2d HOUR 1:32P 1:32P AMD DOF BUSINESS NDUSTRY 21218 SST te Road RONDMATE INTERVAL EN ONSET AND DEATH
13a. S	Baltimore 2319 N. Calvert Street AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 13b. COUNTY 13c. CITY OR TOWN Baltimore YES W NO 2319 N. Calvert St. 23 ATHER'S NAME FIRST NAME RATE NIDDLE RY an Ola White Will Ryan 01a White WAS DECEASED EVER IN U.S. ARMED FORCES? ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 217-12-5561 Robert Lee Ryan 2703 Giles Ro	St.212	218													
	ATHER	S'S NAME		WIDDLE			LAST		15. MOTH	FIRST					White	A 19 M AY YEAR 2d. HOUR 4 19 1: 32P ADF DEATH Y MD. KIND OF BUSINESS OR INDUSTRY t. 21218 APPROXIMATE INTERVAL ABSTREEN ONSET AND DEATH D. AUTOPSY? YES NOXIX STATE
	WAS E	DECEASED EVER						NO.					ADDRESS			
	NO.	, OK UNKNOWN)	(IP YES, GIVÉ	WAR OR D	RIES]	217-	-12-55	61	Robe	ert I	Lee	Ryan	2703	Gi1	es Roa	
		CAUSE OF DEA PART I DEATH V	JAF CALIFFI	DOW		, ,, ,	7. (-7.)	icc	ardio		ılar	disoas			APPROXIMA BETWEEN ONS	TE INTERVAL
	-	HARTIDEATH WAS CAUSE (a) Arteriosclerotic cardiovascular disease HARTIDEATH WAS CAUSE (a) Arteriosclerotic cardiovascular disease Conditions, if any, which gave rise to immediate (b)														
		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)														
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10															
FICATIO	190	19a DATE OF OPERATION 19b. CONDI					OITION FOR WHICH OPERATION WAS PERFORMED?									
MEDICAL CERTIFICATION	UNI	EXTERNAL CAU	OR		TID. TIME OF HOUR A.M. P.M.		DAY YEAR	21c. HC	W INJURY	OCCURRE	ED (ENTER	NATURE OF INJU	IRY IN ITEM 18 PA	ART) OR PAR		110/03
MEDIC	21d	INJURY OCCUP	RED		21e PLACE C STREET, FACTO		(AT HOME,		ATION			CITY OR TOW	'N	COL	YTMY	STATE
	22a certify that taok charge of the remains described above, held an Autopsy , Inspection . Inquiry . and in my opinion death resulted frater . Notural causes . Accident . Suicide . Homicide . Undetermined manner .															
		UAL NATURE	Vou	port	5 A	re	you	elu	TITLE (S & Assi	specify)	tMED	ICAL EXAM	INER	DATE SIGNE	_D 3-12-	P AM YEAR 2d HOUR 1:32P ATH DOF BUSINESS 21218 ST te ROad ROXIMATE INTERVAL EN ONSET AND DEATH TOPSY? S NOXIX STATE
	(TYP	MINER'S NAME E OR PRINT)	Mar				ell,M,D,		ADDRESS_		ASCULAR DISEASE IVEN IN PART 1 Ig ED? 20. AUTOPSY? YES NOXIX CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) CITY OR TOWN COUNTY STATE Inspection Inquiry XX, ond in my opinion e Undetermined monner CIFY) Tant MEDICAL EXAMINER DATE 11 Penn Street Y 133d LOCATION					
(BUI	CREMATION,		3 /	15/84		ount A			em.	Ba	l'Eimc			r	MD ^e .
		Marci		, 1	1 OATORESE	No	rth Av	enue	9	MAR	1 4		256. REGIS	uidsor	- Handel	L ,



FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTA

EPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

84-07345

1 -	REGISTRAR		CERTIFI	CATE OF DEATH	PEG NO	D			
	CEASED NAME FIRST OR PRINT)	WIDDLE	LA	ST			AR 2b. HOUR		
TITLE		FN	SAGONA		MARCH 14	1004	1.107		
s. SE		TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. DATE OF DEATH MONTH 120. DATE OF WORK FOR MOST OF WORKING 120. DATE OF DEATH MONTH 120. DATE OF WORK FOR MOST OF WORKING 120. DATE OF DEATH MONTH 121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 122. USUAL OCCUPATION 123. USUAL OCCUPATION 124. USUAL OCCUPATION 125. NO DATE OF WORK FOR MOST OF WORKING 126. DATE OF WORK FOR MOST OF WORKING 127. DATE OF WORK FOR MOST OF WORKING 128. DATE OF WORK FOR MOST OF WORKING 129. SERET ADDRESS 129. SERET ADDRESS 129. SERET ADDRESS 130. INSIDE CITY LIMITS? 120. DATE OF DEATH MONTH 121. NOTHER'S MAIDEN NAME MARY NOVAK MIDDLE 120. DATE OF DEATH MONTH 121. DATE OF DEATH MONTH 122. USUAL OCCUPATION 123. SERET ADDRESS 129. SEROB IN ORTHOR 120. DATE OF WORK FOR MOST OF WORKING 120. DATE OF WORK FOR MOST OF WORKING 121. INFORMANT 122. DATE OF WORK FOR MOST OF WORKING 123. SERET ADDRESS 124. DATE OF WORK FOR MOST OF WORKING 125. MOTHER'S MAIDEN NAME MARY NOVAK 126. DATE OF DEATH MONTH 127. INFORMANT 128. DATE OF DEATH MONTH 129. DATE OF WORK FOR MOST OF WORK FOR MO	HDAY) IF UNDER 1	YEAR IF UNDER 24 HRS					
	EEMAT E	WEITTE			F0		DAYS HOURS MIN.		
7a. B!	RTHPLACE (STATE OR FOREIGN		ITRY? 8.				гн		
(MARYLAND	USA		Y	BALTIMO	RE CITY			
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL N							
		(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)			F WORKING LIFE) INDUS			
LISTIA	BALTIMORE			NS HOSPITAI	I HOMEMAK	ER			
13 M	ARYLAND 136. COUN	13c. CIBA	LTIMORE	150		BINSON S	T. 2122		
	DAM PIRST DOMBRO	ÖWSKI LAS	SAGONA S. DATE OF BERTH OT / 20 / 19 26 COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED MODER 19 20 MODER 1						
			SECURITY NO.	17. INFORMANT	ADDRE	SS			
()			7207550	MADV CEC	107 400 C	DOD TMCOM	C C C		
-									
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: CARD TORREST TRAINING.								
	Conditions, if ony, which (b) VENTRICULAR SEPTUM RUPTURE								
	gove rise to immediate cause (a), stating the underlying cause lost.	(0)			10 DAYS				
CERTIFICATION	PART 2. OTHER SIGNIFICANT (20b. IF YES, WERE FINDINGS USED			
TIF					YES 📉 NO				
	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA			21c. HOW INJURY OCCUR	RED (ENTER NATUPE OF INJUI	RY IN ITEM 18 PART 1 OR PA	RT 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM ETC)		CITY OR TOWN COUNTY STATE				
	22a.l certify that (1) (this haspital) attended the deceased from MARCH 13 , 19.84 , to MARCH 14 19.84 , that (1) (we) lost								
	above, (1) (we) (did) (bid not) view the body ofter death.								
	22b. SIGNATURE	Moone	h	ATTENDING _	MEDICAL STAI	F C	1/26/8		
	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT		22e. ADDRESS			1 19		
	HELENE LANC	GEV IN		JOHNS HOPK	INS HOSPI	TAL			
23a. E	BURIAL, CREMATION, REMOVAL		23c. NAME OF CE	METERY OR CREMATORY	T CITY OR TOWN	COUNTY	STATE		
	(SPECIFY) CREMATION	3/15/84	MEST A		DALLIO	P.CQ.	MD		
24 EI	LINERAL DIRECTOR			4.1.7.4. 25n(P)A	TE RECED BY MENTERAR	PASSABLE LIBERTARY	Code A Code		

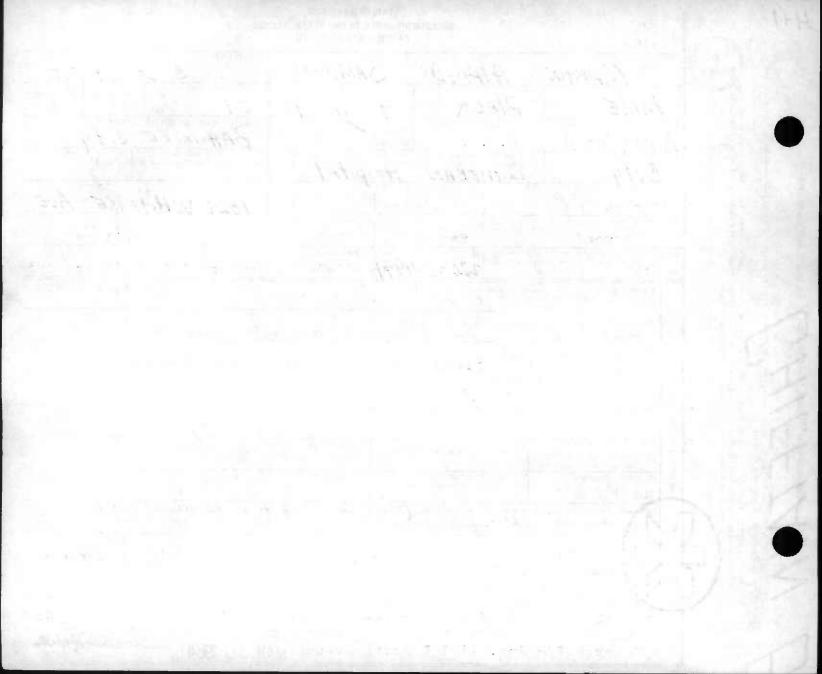
DHMH - 16 50M 4/82 (VRA 15, 4)

RAYMOND L.KACZOROWSKI

21224 2525 FLEET ST. BALTO CO. MD.

TE .TE KON TLON. . .

ANTHONY LIANGE SEE SEE UNK 15, 1984



William E. Johnson8521 Loch Raven Blvd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH REG. NO 26 HOUR IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City, 12b. KIND OF BUSINESS OR INDUSTRY 13e.STREET ADDRESS / ZIP CODE 1926 Woodbourne Ave. 21239 Petterson Bernard E. Sampson1926WoodbourneAve. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE

22c DATE SIGNED 28 Mar 84

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR - STATE

The state of the s A CARRIED MAN

ities 11 is e el come, ne dellas, masilias MAR 20 properties TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the futured director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1/and 2 should be filled within 72 hours ofter death with the State Dept. af Health and Mental Hygiene prior to burial, crematian, or removal.

MINITIAL OF THE AND THE MONTH OF THE MENT OF THE TRANSPORT OF THE MEDICAL OF THE

STATE OF MARYLAND

ATE OF DEATH	YGIENE REG. 1	١٥.			
	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. H

1	- STATE REGISTRAR			FICATE OF DEATH	REG. NO	o.		
		felen	e. Sa	unders	20. DATE OF DEATH	3 3/	SH 1050	
3. SE	× F	4. RACE	5. DATE	OF BIRTH DAY YEAR 3	6. AGE (IN YEARS LAST BIR	19 YRS. IF UNI	DER I YEAR IF UNDER 2	4 HRS
1	IRTHPLACE (STATE OR FOR COUNTRY)	4 U.S	S.A. WIDOW		9. BALTI	MORE	CITY	MD.
E	BALT	South		. HOSP	120. USUAL OCCUPATION OF THE MOST OF WORK FOR MOST OF THE MA	F WORKING LIFE) IN	b. KIND OF BUSINES IDUSTRY of hone	S OR
13a.	MD 13	B. COUNTY	BALT	YES NO		OLLINS	ST JA	1001
	ATHER'S NAME FIRST ALONZO		CLAYON	15. MOTHER'S MAIDEN NA	MIDDLE	<u> </u>	LAST	
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 404-20 - 339	17. INFORMANT	Chart	:55	APPROXIMATE INTERV BETWEEN ONSET AND D	
NOI		vhich diote the lost. (b) DUE TO, C	R AS A CONSEQUENCE OF	Respirate Cardia	ary and are fail	DITION GIVEN IN	N PART To	
CERTIFICATION	19a DATE OF OPERATIO	DN 19b. COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED	20g AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH NO	
MEDICAL CER	sow the deceased	JSE OF DEATH EXAMINER) 21e. PLACE (AT HOME. ST Olive on) (did not new the bod)	M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) Addressed from	21f. LOCATION STREET Ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	city OR 10	wn c	COUNTY STA	e) lost
6	BURIAL, CREMATION, RE ()PECIFY ()		984 Wester	CEMETERY OF CREMATORY	23d. LOCATION CIPY OR TOWN CELOSSIE TE REC'D. BY REGISTRAR	le Bil	S SIGNATURE	D.

DHMH - 16 50M 4/82

(VRA 15, 4)

BP.

retained by the haspital ar attending physician.

STATE OF MARYLAND

1.	STATE REGISTRAR			DEPARTA		ICATE OF	DEATH	REG.	NO.				
	CEASED NAME	FIRST	A	AIDDLE	L	AST		20. DATE OF DEATH		DAY YEAR	2Ь. Н	OURUS	
LITE	E OR PRINT)	ADAM		ALBERT	S	CHAFFI	NER	Mar	ch !	5, 19	Q+	3 - M	
3. SE	X		4. RACE		5. DATE C			6. AGE (IN YEARS LAST I		IF UNDER 1 YE		DER 24 HRS	
1	Male	100	Whi	te	11	18	1895	88	YRS.			RS MIN.	
	IRTHPLACE ISTATE OR COUNTRY)	FOREIGN	U.S	TWIDOWED 23 DIVOKCI		R MARRIED	9 BALTIMORE CITY Baltimo	re Cit			MD.		
B	ity or town of DE altimore		St.	F HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUCH FACILITY, GIVE STREET ADDRESS! Agnes Hospital			124 USUAL OCCUPA ITYPE OF WORK FOR MOST Shipping	OF WORKING LIF	E) INDUST	o of Bus RY Uph rance	nolste Supp		
13a.	al residence lif nur state laryland	13b COUN	other institution. TY 1timore	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Lansdow	N	13d. INSIDE YES	CITY LIMITS?	327 Firs		212	27		
)F	ATHER'S NAME FIRST UN	c n o î	NN	LAST		15. MOTHE	R'S MAIDEN NA FIRST	U N K N	OWN		LAST		
	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	16h SOCIAL SECU 212-10-		198 John Schaffner 6200 Hanover Rd. 21						21076	
	18. CAUSE OF DEAT PART I. DEATH V	VAS CAUSEE IMMEDIATI	S BY: E CAUSE (a)	- /	Call	ana	rilure I Pres	monia	rilure		EN ONSET	b	
	cause (a), stati	gave rise to immediate cause (a), stating the DUE TO, OR			AS A CONSEQUENCE OF			Few				ars.	
NO	PART 2. OTHER SIG	NIFICANTC	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATI	ED TO THE TERA	AINAL DISEASE OR CO	NDITION GIV	EN IN PART	10		
CERTIFICATION	9a DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIN FYING CAUS	SES OF DE		
	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEAT	The second second	M. MONTH DA	AY YEAR	21c. HOW	INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART	2)		
MEDICAL	21d. INJURY OCCUR	HILE 🗀	210. PLACE	OF INJURY IEET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCAT		CITY OR	TOWN	COUNTY		STATE	
1	22a.§ certify that (I saw the decea abave, (I) (we)	sed alive an.	3-5	19		nd that in (m	y) (aur) apinian	death accurred an the	date and hou			I) (we) last s stated	
	22b, SIGNATURE	Gira				DEGREE	ATTENDING PHYSICIAN [AFF SICIAN (2)	22c. DA	3 - 5	- 84	

224. PHYSICIAN'S NAME (TYPE OR PRINT) Raafat Girgis, MD.

230. BURIAL, CREMATION, REMOVAL

Burial

220. ADDRESS 5t. Agres

23c NAME OF CEMETERY OR CREMATORY

Hospital

COUNTY

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

23b. DATE

3/9/84

21229

23d LOCATION
CITY OR TOWN
Baltimore Parkwood Cemetery

Mary land

MAR 8 1984 Mia Davidson-Mandelle

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PRANCI M =10	S J A RACE White	S. DATE OF BIRTH		3-10	2-84 z	245A
M ale	1 .	5. DATE OF BIRTH				
/U ale	///	MONTH	H DAY YEAR			UNDER 24 HR
			15-20	6.3 YRS.		
RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED E	VEVER MARRIED	9. BALTIMORE CITY OR COUNTY		
MD	U.S.A.	WIDOWED	DIVORCED [Baltimore City		A
BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET (LN IV. DF			12g. USUAL OCCUPATION (Type of work for most of working life) Electrial Instru	12b. KIND OF B	alt.G
AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)		112- STREET ADDRESS / 7/B CODE		
4.4					LL Rdh 2	1779
THER'S NAME			THER'S MAIDEN NA	ME	LAST	
Charles		effer	Winifi	red	Down	8
				ADDRESS		- 11
Yes Wu	12 215-03	-5906 M	rs. Franci	is J. Schaeffer	Same a	8 # 1
190. DATE OF OPERATION N/A 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	(b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO BSTRUCTUE FULL 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT R OPERATION WAS DAY YEAR 19	PERFORMED OW INJURY OCCURI	200 AUTOPSY? YES NO PYES RED (ENTER NATURE OF INJURY IN 11EM 18 PA	WERE FINDINGS YING CAUSES OF D 1	DEATH?
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		STREET	CITY OR TOWN	COUNTY	STATE
sow the deceased alive on	3/10 198		E ATTENDING	MEDICAL STAFF		
22d. PHYSICIAN'S NAME (TYPE O	E KINY	ADDRESS		altimore	, Md	
, T	HER'S NAME FIRST Charles AS DECEASED EVER IN U.S. AR S. NOOR LINKNOWN) 18. CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT (CHACLE OF 90. DATE OF OPERATION 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE ON THE NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE ON THE NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE ON THE NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE ON THE NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE ON THE NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE ON THE NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE ON THE NOTHEY MEDICAL EXAMINE) 21d. 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INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 2110. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 2120. I Certify that (1) (this hospital) ottended the deceased from obove, (1) (we) (did) (did not) view the body after death. 2220. PHYSICIAN'S NAME (TYPE OR PRINT)	HER'S NAME FIRST Charles AS DECEASED EVER IN U.S. ARMED FORCES? AS DECEASED EVER IN U.S. ARMED FORCES? IF YES GIVENAR OR DATES) IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and iccompany on the part i. Death Was Caused By: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RI CHICAGO OF STRUCTURE FULLIONARY 190. DATE OF OPERATION POR CONTRIBUTING OLD CONTRIBUTION FOR WHICH OPERATION WAS PART (FETHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OR C	THE BALT UT BALT ISECTIVE RATE IN ISECTIVE RESERVENCE OF CHARLES W. SCHARFER MAIDEN NA. FRACT S. NO. OR JUNNOWN (18 YES GIVE WAR OR DATES) BE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic and part is to immediate cause (a), stating the underlying couse lost (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM CHARLES (C) (C) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM CHARLES (C) (C) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM CHARLES (C) (C) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM CHARLES (C) (C) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM CHARLES (C) (C) PART 2. 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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospital or attending physician.

PRINCIPAL CHARGETER

Section of the Property of Interpolation of the Section Co. Co. Co.

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FOR STATE REGIST
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGIS					CERTIF	ICATE OF DEATH		REG. N	0.				
1	I. DECEASED		FIRST		MIDDLE	(LAST .	2a DATE OF	DEATH	MONTH	DAY	YEAR	2b. HOL	JR
ı	(THE OKYMINI)	-	DONN	A	R.UTH	SC	HALL			3	10	44	1214	SP. M
1	3; 5EX			4. RACE		5. DATE C		6. AGE (IN YE	ARS LAST BE	(YACHTS	# UNE	DER I YEAR	IF UNDER	
1	Fer	male	-	White		3-	19-45	38		YRS		S DAYS	HOURS	MIN.
1	le. BIRTHPLA		R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMOR	E CITY			EATH		
7	Mary		175	U.	S.A.	WIDOWE	D NEVER MARRIED TO	Bal	timo	re (City	7		MD.
1	ID CITY OR T		ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120. USUAL C	OCCUPAT	ION	121	b. KIND O	F BUSIN	
9		imore		Uni	on Memo	rial	Hospital	Pub.	Rel.			d.Ra	cing	Comm
1	USUAL RESID	DENCE (# NUI	RSING HOME OR		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e STREET A	DDRESS	/ ZIP CO	DE			
7	Mar	vland			Baltim		YES X NO	310 F				d 21	210	
1	14. FATHER'S	NAME	*	MIDDLE	LAST		15. MOTHER'S MAIDEN NA							
	Per		Will		Scha11	.Ir.	Ruth		MIDDLE			Fans		
9	160 WAS DEC	CEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDR	ESS				
1	(YES, NO O	R UNKNOWN)	(IF YES, GIVI	WAR OR DATES)	21 7=40=8	777	Mr. P.W.Scha	11 .Tr.	31 OT	unbr	idee	Roa	d 21	21.2
1			*U.C.		line for (a), (b), an		TILL TEMESORIE	211 011	3401	GIIDL	Tuge	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
1	PAI	RT I. DEATH	WAS CAUSE	BY:	line for (o), (b), on	d ICi.)	0		_0_			BETWEEN	ONSET AND	DEATH
1	/	7110	MMEDIAT	E CAUSE (0)	Carac	ofe	unomy	ance	4	2				
1	/	17/		DUE TO, O	R AS A CONSEOU	ENCE OF	Λ.			,				
1		rise to in		(b)	melis	alle	weart	Con	ine	-	-			
ı	couse		9	DUE TO, O	R AS A CONSEOU	ENCE OF								
				(lc)_										
ı		2. OTHER SIC	GNIFICANTO	ONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CON	DITION	SIVEN IN	1 PART 11	0 '	
	은				ailu	re				Tee: 15.				
И	U _	TE OF OPER	ATION		B) Madic		astectomy	20a AUTO	PSY?			RE FINDING CAUSES		
	# 9.	-83				41 11	/	YES 🗌	NO		YES 🗌		NO [
1			CAUSE OF DEA	21b. TIME C	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NAT	URE OF INJU	IRY IN ITEM T	8 PART I O	OR PART 2}		
	S ORCO		DICAL EXAMINER		M.	19								
	WEDICAL STREET	JURY OCCU	RRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ADAL ETC I	211 LOCATION STREET		CITY OF TO	JWN	C	OUNTY		STATE
	≥ WHILE AT WORE	NOT V	WHILE ORK	AT HOME, ST	REET, FACTORT, OFFICE, F	ARM, ETC.)								
					e deceased from_	marc	h 1981	1 10 M	rch	10	, 19_9	V.	that (I) (we) lost
	so	w the decen	sed plive on	march	10 19	14.0	nd that in (my) (our) opinion	death occurred	d on the d	ote and h	our and	from the	couses st	oted
		GNATURE	(did) (did lio)	I view the body	Offer deom.		DEGREE					22c. DATE	SIGNED	
	£	aner	ollo	J L.	alhin	= >V	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA			.3-	10-5	WS
+	22d PH	YSICIAN'S	NAME (TYPE O	R PRINT)	, - 4		22e ADDRESS	_ DIRECTOR [CIATA DE)	, 0 (7
	L	ann-	ette	Liv	thice	11/2	Union Memo	orial Ho	ospit	:al				
	23a BURIAL,	CREMATION	, REMOVAL	23b. DATE	236.1	NAME OF C	EMETERY OR CREMATORY	23d. LOCA						
1	(SPECIFY)							CITY	OR TOWN		COU	INTY		STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

ATTENDING

retained by the hospital ar TO HOSPITAL OR

BP.

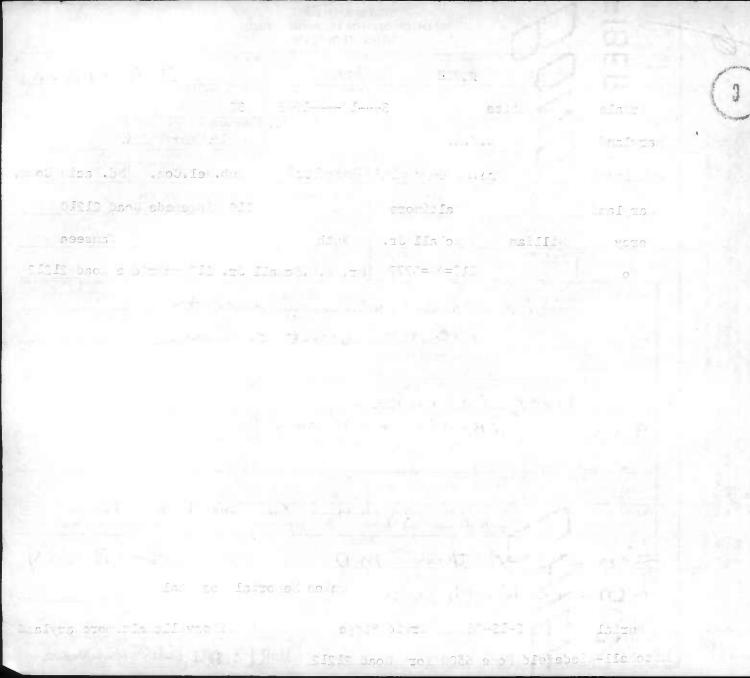
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely illind in by the should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1, and 2 shauld be illind with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or ather traumatic event, the

Burial 3-13-84 Druid Ridge

14 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home 6500 York Road 21212

PikesvilleBaltimoreMaryland
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Lulia Davidson-Randale



ector, page 3

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

5

	FOR STATE REGISTRAR	DEPAR		ALTH AND MENTAL HYG CATE OF DEATH	IENE REG. N	0.			
	CEASED NAME FIRST	AUL W	SCH	ewer SR.	20. DATE OF DEATH	3 20	8 Y	1052A M	
3. SE.	MALE	4 RACE WAYITE	5. DATE OF	BIRTH YEAR 7	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
5	MTHPLACE (STATE OR FOREIGN PUNTRY)	76. CITIZEN OF WHAT COUNTRY	WIDOWED		9. BALTIMORE GITY O	Timore	- GY	У мо.	
1	PALTIMONE /	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ET ADDRESS)	PLIAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Mechanic-A	OF WORKING LIFE)	INDUSTRY	tired	
	The Day	ROTHER INSTITUTION, GIVE RESIDENCE BEFO TY A GLEN B	HUVIE	3d. INSIDE CITY LIMITS? YES NO		Y ZIP CODE.	ROE	AST.	
	010	Schell	ler	S. MOTHER'S MAIDEN NAM	WIDDLE	rec	Deete		
160	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 17-4-16		OHAT	ADDR	:55			
	PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), o ED BY: TE CAUSE (o)	PULMON	JAM AMOST				MATE INTERVAL DINSET AND DEATH	
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEON	UENCE OF				MNKYONY		
	couse (o), stating the underlying couse lost.								
TION	AP FRACTO	une, contributing to	DUE 1	HUANT FAIL	LUNE				
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC			200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	OF DEATH?	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE	
		ot) view the body ofter death.	1 1	that in (my) aur opinion	deoth occurred on the d	ate and hour ar		that (I(w)) lost causes stated	
	22b. SIGNATURE	SCHURAIN, 1	10	EGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		3/20/84		
	224 PHYSICIAN'S NAME (TYPE O	ATHAN SCHREI	BUR	22e. ADDRESS 22 S- (OREENE &	55-			
23a 1	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 23 March 84 G		metery or crematory en Mem. Park	Glen Bur	nie Anr	OUNTY Arm	nde TAMd.	
	Burial UNERAL DIRECTOR NAME James S. Kirkle	y, Glen Burnie,	2111	25a. QAT	B 22 1984	256 REGISTRA	R'S SIGNATI		

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT, If them 2) is marked or Item 18 shows any injury, or other traumatic event,

The fact of the same 3 TC 84 10 H MALE STATE STATE STATE OF STAT 1 311 68 PAR DINORS I UNIVERSE STEEP PARTY PORTS 1744 July 1844 CALLOW PULLED JAM PROLUMENT His MICHAEL CONFICTION HORSE FAILURE 4/20/2 - 3/20/2 - 3/20/2 NOTIONAL SON ELDING AS S DESCRICE SE

STATE OF MARYLAND

3 5

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HYC	GIENE REG. N	0.			
	CEASED NAME	FIRST	MIDDLE		TZA	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	
1	E Off PRINTS	JOHN	T	5	CHENNING		3-20.	-84	12 EM	
3. SE	x		RACE	S. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR		ER 1 YEAR	IF UNDER 24 HRS	
1	MALE		CAUCASION	MONT	OR OP	74	YRS	DAYS	HOURS MIN.	
	IRTHPLACE ESTATE C	OR FOREIGN 7b.	CITIZEN OF WHAT COUNT	IRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DE	ATH		
1	BALTIMUR	E. MD	USA	WIDOWI		BALTI	MORE		MD.	
10. C	ITY OR TOWN OF D		. NAME OF HOSPITAL, NU	RSING HOME		120 USUAL OCCUPAT	ION 12b		F BUSINESS OR	
	CITY	U	UNIVERSITY C	F MA	RYLAND	RETIREY		DUSTRY		
13a.	STATE MD	136. COUNTY	HER INSTITUTION, GIVE RESIDENCE B	TOWN	134 INSIDERITY LIMITS?	130 STREET ADDRESS 1442 TOW		31	1330	
Nº F	ATHER'S NAME	MID		FENNIAL	15. MOTHER'S MAIDEN NA	MIDDLE	1	LAST	T1()=	
140.	WAS DECEASED EV	ED IN II C ADME		SECURITY NO.	17 INFORMANT	ADDR	ESS	MUS	11017	
	(IWKWUWW)	(# YES, GIVE W	AR OR DAILES	5-5215	SELF	710011				
	18 CAUSE OF DE	ATH (Enter only	ane cause per line for (a), (b), and (c).)	-An	T		APPROX#	MATE INTERVAL	
1	PART I. DEATH	I WAS CAUSED E		RED	AURTA/HURS	TIL VISSECT	100			
1	441.	2 IMMEDIATE (Chool (o)		/					
	Conditions, if any, which () ABDOMINAL AURTIC ANEURYSM									
1	gove rise to i	immediate	10/		7,000	ocoic (Siri				
1	underlying cau	use last.	DUE TO, OR AS A CONSI	SCL FIZO	THE DISEASE		4 7 10			
	DART 2 OTHER SI	Chileicanii coi	147		NOT RELATED TO THE TERM	AINIAI DISEASE OR CON	IDITION CIVEN IN	DADI 1/m		
Z O	PART 2. OTHER ST	IGNIFICANT CO	ADITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	WINAL DISEASE OR CON	IDITION GIVEN IN	PARI 110		
CERTIFICATION	190. DATE OF OPER	RATION	196. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER			
Ĕ			1 2 2			YEST NOT	IN CERTIFYING	CAUSES	NO T	
1 8	710. ACCIDENT WAS	UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OF	PART 2)		
	OR CONTRIBUTING		HOUR A.M. MONTH							
MEDICAL	21d. INJURY OCCU		P.M. 21e. PLACE OF INJURY	19	211, LOCATION					
1 H		WHILE	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	STREET	CITY OR TO	OWN CC	YINUC	STATE	
	AT WORK AT	WORK -		8A 11 10 C	611			-11		
	22a.1 certify that	(I) (this haspital	national and a deceased from the control of the con	om MAKU	19 19 19 19	, to MARCH			that (I) (we) last	
	saw the dece	eosed olive on	view the bady after death.	19_ X_ , a	nd that in (my) (aur) apinion	death accurred an the d				
	276 SIGNATURE	//		1	DEGREE		, ,	20 DATE S	SIGNED	
1	100	umer	in uns		ATTENDING PHYSICIAN	MEDICAL STA		3/2	48/0	
1-	ZZ4. PHYSICIAN'S	NAME (1996 OFF		76.	22e. ADDRESS	HS				
	LINDA	B CAW	TERON, MO		UNIVERSIT	LOF MAG	RYLAND			
730	BURIAL, CREMATIO			234 NAME OF	CEMELERY OR CREMATORY	123d LOCATION	(1011010		ma	
17	ECIFY)	, REMOVAL	3/22/84	The	TOR CHEMATORY	LITY OR TOWN	1. 1 your	YIV	19900	
100	unal	/	793/07	reco	Colleans	TE DECID BY DECISION	Disk of Cut to A fine	Ulle	all le	
1/	LINERAL DIRECTOR	4/1	4/2	0/6	acaus.	TE REC'D. BY REGISTRAN	ETUTE PURCH	PRACTURA	outornes	
10	railon	Miller	MAI Stellas	ul to	me de MI	AIV & I DUT	Ψ			

DHMH - 16 50M 4/83 (VRA 15, 4)

length at the period

TO FLINERAL DIRECTOR. After this certificate has been lighted by the attentional be detached for use or the burief-transit permit. Then please remove could the State Digit of Health and Mental Hygiene prior to burief, cremation. WRORTANT, if them 21 is marked or than 18 shows any injury, or other traum.

John I Charles Me 75 IPS Walshood SAM BALLINGE, MD USA COLLEGE LITY UNLESSIE OF HIRSTON PETINGOLD

od	diletar o 3
de o	y the attending physician and completely filled in by the function or cemave carbon papers. Pages 1 and 2 should be filed with cremption, or removal.
t the death certificate be executed within 24 hours after a	the t
0 2 0	filed
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hin 2	₹ g
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cuted	E C
e x	ond
e pe	cron ers. F
ficet	y the attending physici e remove carbanpapel cremation, ar removal.
Cert	rban
t o	tend on, o
o o	emo of
+	# 40 D

FOR - STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.				
3 20 84	H DAY	YEAR	26 HOUR 830)
6 AGE (IN YEARS LAST BIRTHDAY)		DERIVEAR	IF UNDER 2	4 HI

I. DECEASED NAME (TYPE OR PRINT) MA	FIRST	MIDDLE	SCHENNI	NG		3/20/84	H DAY	TEAR	Q30		
3. SEX	III LEDA	E.	S DATE OF BIRT			6 AGE (IN YEARS LAST BIRTHDAY	IE UN	DER I YEAR	IF UNDER	P M	
Female	4. RACI	White	November	DAY	.892	01	YRS.		HOURS	MIN.	
To. BIRTHPLACE (STATE ORI COUNTRY) Maryland	OREIGN 76. CITI	U.S.A.	MARRIED	NEVER MARK DIVOR		BALTIMORE CITY BALTIMORE CITY					
BALTIMORE		ME OF HOSPITAL, NURSI NOT IN SUCH FACILITY, GIVE STREE UNION MEMOR			ION	17 a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Salesperson		NE KIND O NDUSTRY Hech			
USUAL RESIDENCE (IF NURS 130. STATE Maryland	NG HOME OR OTHER IN BALTIMO:	13c. CITY OR TOV		NSIDE CITY L	IMITS?	13e.STREET ADDRESS / ZIP P.O.Box 1123		L239		1134	
Henry	MIDDLE		15. MOTHER'S MAIDEN NAM FIRST Mary		WIDDLE		Kluck				
(YES, NO OR UNKNOWN)	IN U.S. ARMED FO (IF YES, GIVE WAR OR			obert	L. Ta	aylor - Same	as #1:	Be			
							-	ARREAVI	AAATE INTER	22.1.0.0	

No	(The state of the state of	213-09-4588 A	Robert L.	Taylor -	- Same as	#13e
18. CAUSE OF DEATH W PART I. DEATH W 2500 Canditions, if any,	DUE TO, C	Pline far (o) (b), and (c).) Acute Myocu IR ASA CONSEQUENCE OF	ardial u	nfarcta	òn	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
gave rise to imm cause (a), statin underlying cause	nediate g the last. (c)	DIADETES ONTRIBUTING TO DEATH BUT I			OR CONDITION GIV	EN IN PART I I a

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

und that in (my) (our) opinion death occurred on the date and have and from the cashes state

MEDICAL STAFF ATTENDING

724. PHYSICIAN'S NAME (TYPE OR PRINT) The ADDRESS

LASAUNDRA WATSON, MD.

UNION MEMORIAL HOSPITAL

PHYSICIAN

DIRECTOR PHYSICIAN

23u. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
Burial	3-23-84	New Cathedral	Baltimore	

24 FUNERAL DIRECTOR ADDRESS 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed Eshauld be detached for use as the burial-transit permit. Then plea with the State Dept, of Health and Mental Hygiene prior to burial,

injury, or

MPORTANT: If Hem 21 is marked or Item

White Neverbox 13, 1882 91 ; Pentin Salespermen Facht Co. x 2.0.30% 11236 - 21239 Particle Darkers Khuck. L'olor Libro La Livro

212-09-4500 A Tobert L. Saylor - Saro as \$130

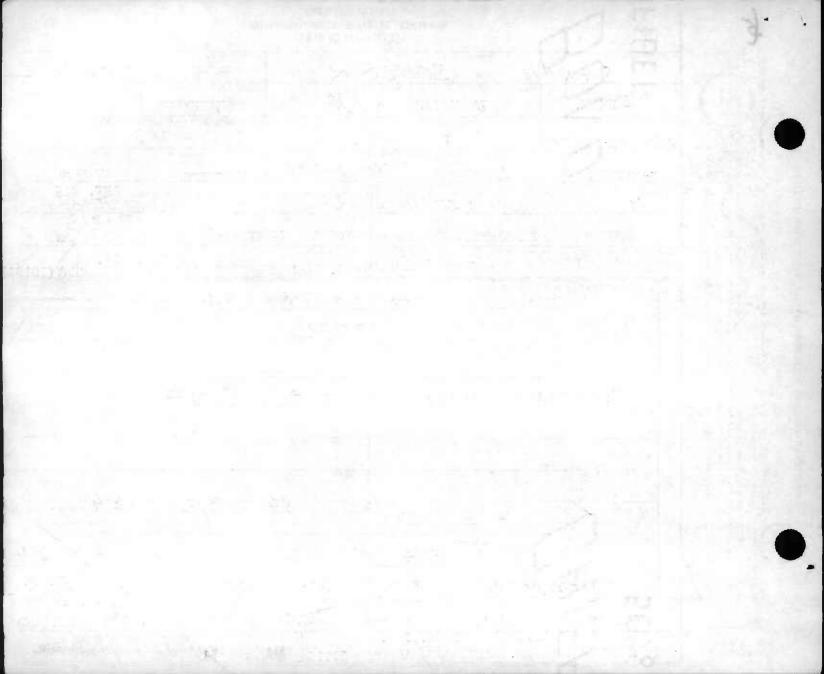
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.DS Jimel 0201

facilities of the state of the state of the 21200

	1.	FOR STATE REGISTRAR	DEPARTN	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		6
	(TYPE	CEASED NAME FIRST E OR PRINT) SARA	H SCZ	HERR	3/3 /3	3 84 10 4 B
)	1. SE	* FEMALE	4. RACE AUCASIAN	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
35		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH
1	90.9	ITY OR TOWN OF DEATH BALTIMORE	SIND AZ	ADDRESS HOSE TAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY AT HOME
35	-	MA	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13¢ CITY OR TOWN	LOPE YES NO	13e.STREET ADDRESS / ZIP CODE 2500 W. BE	APT. 915
a	III. FZ	ATHER'S NAME JOSEPH 2	MIDDLE BILLER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YETTA XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	FOREMAN
/	160 V	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 2/3-16-	RITY NO. 17 INFORMANT -533 MRS. FLORENC	ADDRESS PHILA. CE REESE 133 OVER	, PA. BROOK PKWY(19151
	NOI	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	6070	VINAL DISEASE OR CONDITION GIVE	N IN PART Ita
2	CERTIFICATION	90. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM IS PA	RT I OR PART 2) COUNTY STATE
	4	saw the deceased alive on	atol) oftended the deceased from 19 20 1) view the body after death.	DEGREE	death occurred on the date and hour	9 3 1, that (I/Nwe) last ond from the causes stated
/		22d. PHYSICIAN'S NAME (TYPE O		124 200 1	HOUE WO	od TERR
	'	BURIAL, CREMATION, REMOVAL SPECIES BURIAL	3/5/84 H	NAME OF CEMETERY OR CREMATORY AR ZION TIFERETH	CEM ROSEDALE BALT	COUNTY OF MARYLAND
33	24 FU 60	UNERAL DIRECTOR SOL INTERPRETATION N	LEVINSON & BROS., RD. BALTIMORE, M	INC. 25a DAI	1.01	PAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)



TO FUNERAL DIRECTOR, After this certificate has been agreed by the attending physician and completely should be detached for use as the businest and permit. Then please remove corbonopers. Pages 1 and 2 starwish the State Dept. at Health and Mental Hygiene prior to buriol, cremation, or removal.

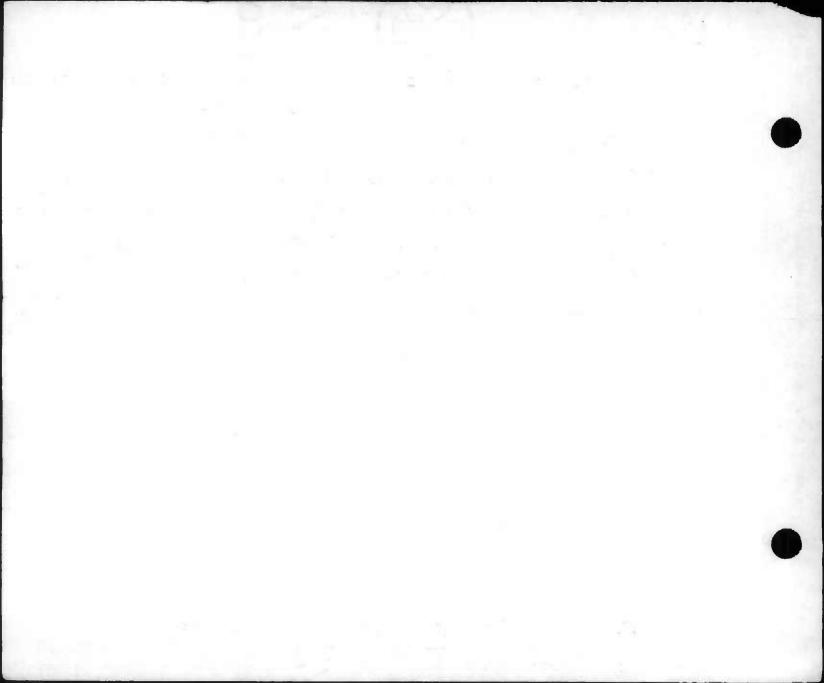
BP. DHMH - 16 50M 4/83 (VRA 15, 4)

MPDNTANT. If hem 21 is marked at hem 18 shows any injury, or other troumatic event, the medical

STATE OF MADVIAND

		2
	60	-
RF	G NO.	
	RE	REG. NO.

7		REGISTRAR		CE	RTIFICATE OF	DEATH	REG. N	10.				
1		CEASED NAME FIRST	MI	DDLE	LAST		2a. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
1	1	STEPHE	N	SCHLEU	NIGER			03	04	84	2:1	5PM
	3. SEX	60	RACE	5. 0	DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BE	RIHDAY)	MONTHS	I YEAR DAYS	IF UNDER 24 HE HOURS MA	
J	all .	MALE	CAU	C.	June 28	1949	34	YRS.				
5	70. BIR	PUNTRY) , 4 .	CITIZEN OF W	Z3		MARRIED 🛄	BALTIMORE CITY OF		Y OF DEA	ATH		
	0. CI	TY OR TOWN ONDEATH	11. NAME OF HO	DSPITAL, NURSING H	7 -	IVORCED [12a USUAL OCCUPAT	ION	176-1	KIND O	F BUSINESS (MD. OR
3	BA	LTIMORE	THE JO	EACILITY, GIVE STREET ADDRE	CINS HOS		(TYPE OF WORK FOR MOST			Die	mbin	49
3	130.5	Md.		THE RESIDENCE BEFORE ADMI	13d. INSIDE	NO 🗌	13e.STREET ADDRESS	ZIP COD	155	54	2/2	24
	H		SU/	hleunia	13	s MAIDEN NAM	AE COO		G	LAST	ege	
		(AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 1	66 SOCIAL SECURITY 216-54-4	NO. 17 INFORM	DORIS	S (ZARR	0) Scl	leu	NIG	25+.	224
1		18. CAUSE OF DEATH (Enter onl		ne for (o), (b), and (c).	1				BE	APPROXI	MATE INTERVAL DISET AND DEAT	E He
ı		PART I. DE ATH WAS CAUSED	CAUSE (a)	entra corebi	al hemo	rhage			\perp	1	day	
-		4310	DUE TO, OR	AS A CONSEQUENCE	OF						- /	
1		Conditions, if ony, which	(b)						\dashv			
1		gove rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEQUENCE	OF							
		underlying couse lost.	((c)									
	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO DEAT	H BUT NOT RELATE	D TO THE TERMI	INAL DISEASE OR COM	IDITION G	IVEN IN P	ART 110	-	_
4	TIO		Tour couleur			20.450	Ver AUTORSVO	Tana 15 VI	CC NA/CDC	FINID II	000	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION WAS PERF	ORMED	YES NO	IN CERT			IGS USED OF DEATH? NO	
1	CER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY . MONTH DAY		JURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18	PARTIORP	ART 2)		
1		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER_NOTIFY MEDICAL EXAMINER)			19							
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE O	F INJURY T FACTORY, OFFICE FARM I	211 LOCAT STREE	ON T	CITY OR T	NWC	COU	MIA	STATE	
-		AT WORK AT WORK		and the same of th	2/11 5 4 51		2/	1 60 511	180	-/1		
		22a I certify that (1) (this hospit saw the deceased alive on	3/4	19 84	, ond that in (m)) (our) opinion d	to 3/4 death occurred on the c	dote and ho	, , ,		that [3 (we) l causes stated	
1		obove, (1) we) (did) (did not 27b SIGNATURE	view the body o	tter death.	DEGREE				220	DATE	SIGNED	_
		Che. 14. 7				ATTENDING PHYSICIAN	MEDICAL STA					
7		224 PHYSICIAN'S NAME (TYPE OF	PR#11		22e ADDRE	SS						_
		Cha- Min	Tanci		Jol	ins Hop	kins Hosp.	601	NW	OK+	5+	
	23a. B	URIAL, CREMATION, REMOVAL SPECIEVI	3-8	-84 OA	E OF CEMETERY OR	CREMATORY	23d. LOCATION BY OR TOWN	0.	COUNT	Y	MA .	
	24 FU	INERAL DIRECTOR	7	20	63 5. Coni	25a DATE	REC'D. BY REGISTRA	25h REGIS	TRARSS	IGNAJ	URE.	
	J	OSCOR N. Z	ANNI	NOJR.	st. 21221	- MAF	79 1984	10	DRU(dis	01-1	anaese	



STATE OF MARYLAND FOR - STATE

CEPTIFICATE OF DEATH

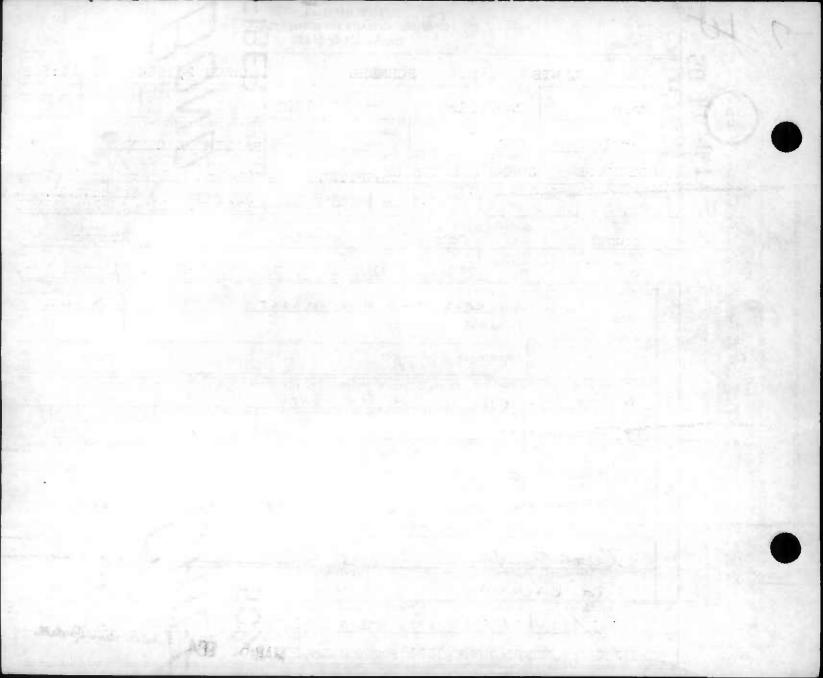
6	REGISTRAR			CERTII	ICATE OF DEATH	REG. N	0.		
	DECEASED NAME FIRS	i	MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
J 51	LE	WIS	E. S	CHMI	EHL	MARCH 2	,1984		10:50
37.	SEX	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BE		UNDER 1 YEAR	IF UNDER 24 HRS
	- Male	Cauc	asian	Ma	ly 20°, 19°01	82	YRS.	DAYS DAYS	HOURS MIN.
1/ 1	O. BIRTHPLACE (STATE OR FOREIGH	76. CITIZEN C	F WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE CITY		F DEATH	
7	Maryland	USA		WIDOWI		BALTIMOR	E CITY	7	M
11	O. CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS OF
4	BALTIMORE		HOPKINS		SPITAL	Kitchen F			singHom
5	JSUAL RESIDENCE (IF NURSING HO 30. STATE 136 (ME OR OTHER INSTITUTE COUNTY	134. CITY OR TOW Baltin	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1220 N.	ZIP CODEB Ellwo	alto,	Md. 7e,2121
Y	1. FATHER'S NAME	WIDDLE	Schmeh		15. MOTHER'S MAIDEN NAME FIRST MINNIE			Krumn	ST
4	Conrad 60 WAS DECEASED EVER IN U.	S APMED FORCES			17 INFORMANT	ADDR		KI Ullil	ie
/	(YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)			Ruth N. Sc	hmohl 121	IN O	Fllwo	od Aue
	No				Ruch N. SC	initerit, 122	.0 11.		ONSET AND DEATH
	18 CAUSE OF DEATH (En	ALICED DV							
1	IMM	DIATE CAUSE (a)	CARDIOPE	IL MO	vary genes	/		0	min
	1275	DUE TO,	OR AS A CONSEQUE	NCE OF					
	Conditions, if ony, which								
	gove rise to immedio couse (a), stating the		OR AS A CONSEQUE	NCE OF				100	
	underlying couse los		OK AS A CONSCOOL	IVCE OI					
	PART 2. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
	ORTHOSTI		00 TENS10		SYNCOPE				
10	■ 19n DATE OF OPERATION		DITION FOR WHICH			20a AUTOPSY?		WERE FINDI	
4	OH .					YES NO NO	IN CERTIFYI		OF DEATH?
	210. ACCIDENT WAS UNDERLYIN	G D 21h TIME	OF INJURY	_	21c HOW INJURY OCCUR				МОП
471	OR CONTRUDUTING CAUSE		A.M. MONTH DA	AY YEAR	The state of the s	TED TENTER NATURE OF 1197	INT DATIENT SO FAIN	on rant ay	
	4 FEITHER, NOTIFY MEDICAL EX		P.M.	19					
	(IF EITHER, NOTIFY MEDICAL EX.	(A) HOME	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	AT WORK NOT WHILE					/			
	220.1 certify that (1) this			2/	29 19 89		, 19	87	that (I) (we) los
- 1	sow the deceased ali above, (I) (we) (did)(c	ve on 3 ~	17_6	c4.0	nd that in (my) Our opinion	death occurred on the c	lote and hour o	and from the	couses stoted
-	22h SIGNATURE	no not view the bo	dy offer deoffi.		DEGREE			22c DATE	SIGNED
	Kitt	Lund			MAS ATTENDING PHYSICIAN I	MEDICAL STA		3 -3	3-84
	22d. PHYSICIAN'S NAME	TYPE OR PRINTI			122e ADDRESS] DIKECTOR [] PHTSI	CIAIA	10~	, 0 /
	KEITH 1	LAUFM	AN		JOHNS HOP	KANS HOSPS	TAL	BALT	-40
2	230. BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	Burial	3/6/	/84 St	.Pau	ıl's Evgl.Lı	th.Cem,Ba	alto,	Md.	10.
2	4. FUNERAL DIRECTOR		ADORES		25a. DAT	E REC'D. BY REGISTRAI	22 BLG 15 10	ABY dABA	Mahrons
	SCHÎMUNEK F	JNERAL F	HOME, 333]	Bre	ehms La, 21	186 1984	0		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, at

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the unral attends should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be Arad with a with the State Dept. of Health and Amenial Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows ony injury, ar other troumatic event, in minimal example control to the propriet of the control of the
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DHMH - 16 50M 4/83 (VRA 15, 4)

I	tem 15 Per F.h.	3/23/84JAB		E OF MARYLAND EALTH AND MENTAL HYG	m 7 3	5 9	
1	- STATE REGISTRAR	DEP		ICATE OF DEATH			
1.06	CEASED NAME FIRST	MIDDLE	SCE	MIDT	REG. NO.	ONTH DAY YEAR	2b. HOUR
	E CHRISTI	TOUN	5 Ch	ninj	03	22 84	8A M
3.58	HENRY	JOHN 4. RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		
L	mare	w5 13 C	O Z	7 19 YEAR	68	YRS. MONTHS DAYS	HOURS MIN.
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUN	MARRIEI WIDOWE	D. TINEVER MARRIED	BALTIMORE CITY OR C	MOLT C	175 MD.
1	ALTIMONE	11. NAME OF HOSPITAL NI (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	OF BUSINESS OR
13a.	STATE O TO THE STATE OF THE STA	ROTHER INSTITUTION, GIVE RESIDENCE NTY LIMBYE 13C. CITY OR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z		23/237
FI, F	ATHER'S NAME	, , , ,		15. MOTHER'S MAIDEN NA		Jaqusch	
1/	tenry 1	A. Suhn	Ins	FIRST AUGU	STA MIDDLE	700	631
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI Yes WW	RMED FORCES? 166. SOCIAL VE WAR OR DATES) 216-	SECURITY NO.	IRMA FOOT	ADDRESS E (DGHTR)	CLEMMONS,	7012 N.C.
F	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one cause per line for (o), I	b), and (c).)			BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
		TE CAUSE (o)	rDIG VI	ASCULAR (out ps e.		
	Conditions, if ony, which	DUE TO, OR AS A CONS	O VOLP	nic Shock	KI	186	
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS			BLEEDIN	6-	
	underlying couse lost.		GULOPA.	Thy AND	Buch	7 .	
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	10
ATIC	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	Ob. IF YES, WERE FIND	NGS USED
CERTIFICATION	21MAICA 84	ABDOM WA	al Acis	Sic ANEWYS.	YES NO	YES	NO [
	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	TIONS A M. MONITI	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	NITEM TB PART I OR PART 2)	
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19				
MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this hasp	oitol) ottended the deceosed for 22mor of the body ofter death.	000	nd that in (my) (our) opinion	death occurred on the date	,	that (I) (we) lost e couses stated
	22b. SIGNATURE	Dorall	- zn	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	2 1	1 man 84
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		77e ADDRESS	DIRECTOR PHISICIA		2
L	EJD001	112		225. 9.	reenesi	BALTE	mb
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3/26/84	Parkw	EMETERY OR CREMATORY	Baltin	nore county	Ma".
24.	FUNERAL DIRECTOR IMUNE	k Funeral H	Qme, In	IC.	TE REC'D. BY REGISTRAR 25	B. REGISTRAR'S SIGNA	TURE
		hms Lane. B	alto. M	1d. 2121B	7.0 1984	3: 00 (0) (00)	Linesia

8.3 AX 37 ED ... Grand Son Stande 3 St 61 60 28 60 2180 BALFRAGE + CILLY BANJAMIN MAINESTA DOSP THE GEENE SELLINGS OF THE PETTY BED. THERE ALLENDED THEREST THE PROPERTY 216-67-31.4 to Aron upscine regers ? Hadde Ketture ENGER. G. 10239 ON GRENOMEN DO 2 / 4/1/1 safel AND WAR Marie Maringa the first of themselves 43 -2145 - X 22 S. Green ST series or a

ector, page 3 irs ofter death

completely ond 2

puo

executed within 24 hours after death. Page 4

99

deoth certificate

requires that the

OR ATTENDING

HOSPITAL 0 FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

E OF DEATH	REG. N	10.		
	2a. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	March 1	1 198	14	12:20=

6

		REGISTRAR											G. NO.				
		CENSED INVITE	FIRST		MIDDI			AST			2a. DATE				DAY		b HOUR
			MITTI	LIAM	R.	SCHM	IDT J	R.					11,				12:20 _a
	3. SE)			1. RACE			5. DATE C		, VE	ΑR	6 AGE (AST BIRTHD	AY)	MONTHS.		IF UNDER 24 HRS HOURS MIN.
	M	ale		Whi	te		7	8		21	62	-		YRS.			
32	7a. BII	RTHPLACE (STATE OR FOR	REIGN	-		AT COUNTRY?	8.	NEV	P AA A PP II	-n П	9 BALTIA	AORE C	TY OR C	OUNT	Y OF DE	ATH	
1	M	aryland		US	A		WIDOWE		DIVORCE		BAL	PIMO	ORE	CI	ΓY		MD.
2	BA	TY OR TOWN OF DEATH	4		N SUCH FA	PITAL, NURSIN CILITY, GIVE STREET DHNS H	ADDRESS)				TYPE OF W	ORKFORA	ten	der der	IT E	USTRY	BUSINESS OR . City
5	130. S Ma	ryland	Bb. COUM		113c	RESIDENCE BEFOR		YES 🗌	E CITY LIA	Į.	7607		s & ess z z ndy			Rd.	2123
2)4. FA	THER'S NAME Willia		R.	S	chmid	t,Sr.		ER'S MAID Cat		ine	MID			Taf	fne	r
12	1 (1	VAS DECEASED EVER IN VES, NO OR UNKNOWN) YES	HE YES GIVE	WAR OR DATE	51	SOCIAL SECT		17. INFO		an	н. 8		DDRESS 11.dt	76 R	507	Wind 21236	dy Rid
		PART I. DEATH WAS	vhich diote	DUE TO	O, OR AS	A CONSEOU	LANT	(17.4.	4. 14							Lak	cs.
31-	CERTIFICATION	PART 2 OTHER SIGNIF				N FOR WHICH						JTOPSY?	20	Db. 1F YE	ES, WERE	EFINDING	F DEATH?
9	EDICAL CERTI	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOT IFY MEDICAL	USE OF DEAT		AE OF IN R A.M. P.M.	MONTH D	AY YEAR	21c HOV	/ INJURY (OCCURR	YES _		-		PART I OR	PART 2)	NO []
/	MEDI	21d INJURY OCCURRED WHILE ON WHILE AT WORK		MOH TA}		FACTORY, OFFICE.			REET				OR TOWN			YTMU	STATE
3		220.1 certify that (1) (the saw the deceased above, (1) (we) (did	alive an_	MYLR	H).	11 19	<u>84</u> , or	nd that in (, to death accu			and ha	our and f	ram the co	at (I) (we) last ouses stated
15		226 SIGNATURE Sani	1 2	7	The	M. 1		DEGREE	ATTEN[PHYSIC		MEDICA DIRECTO		STAFF HYSICIAN	V D	22	AL DATE SI	GNED 84
43		DANIEL	NE (TYPE OF	FURL	> 1	n.D.		22 e. ADD		0020	110		01	221	Dm:	12= MC	21205

DHMH - 16 50M 4/83 (VRA 15, 4)

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should be detoched for use as the burial-transit permit. Then pleas with the State Dept, of Health and Mental Hygiene prior to borial, TO FUNERAL DIRECTOR: After this certificate has been

marked or Item 18 sta

MPORTANT: If Item 21 is

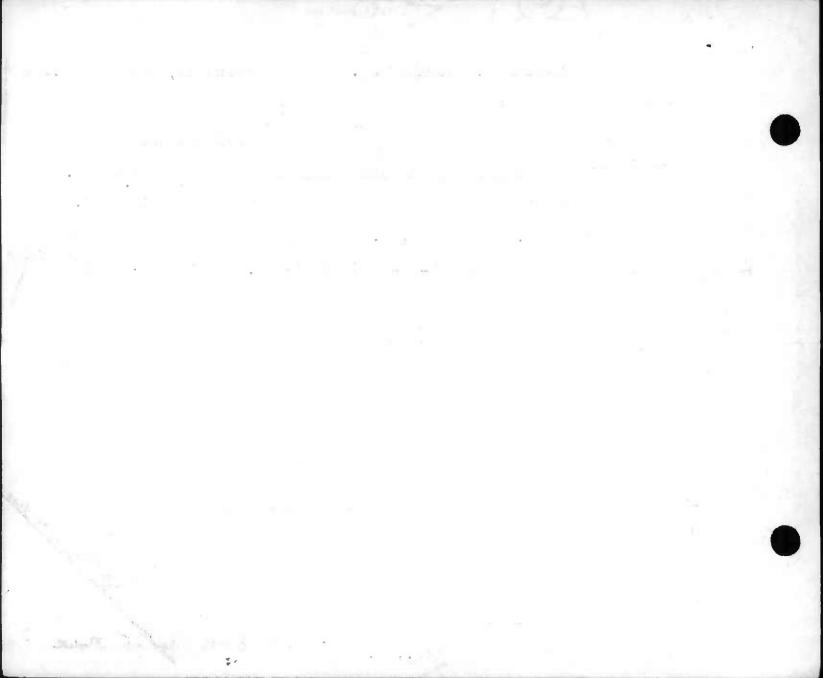
24 FUNERAL DIRECTOR Lassahn Funeral Home

3-14-84

Burial

7401 Belain Balto., Md. Belair

Baltimore, Maryland Parkwood Cemetery MAR 16 1984 Sun Devidon Andre

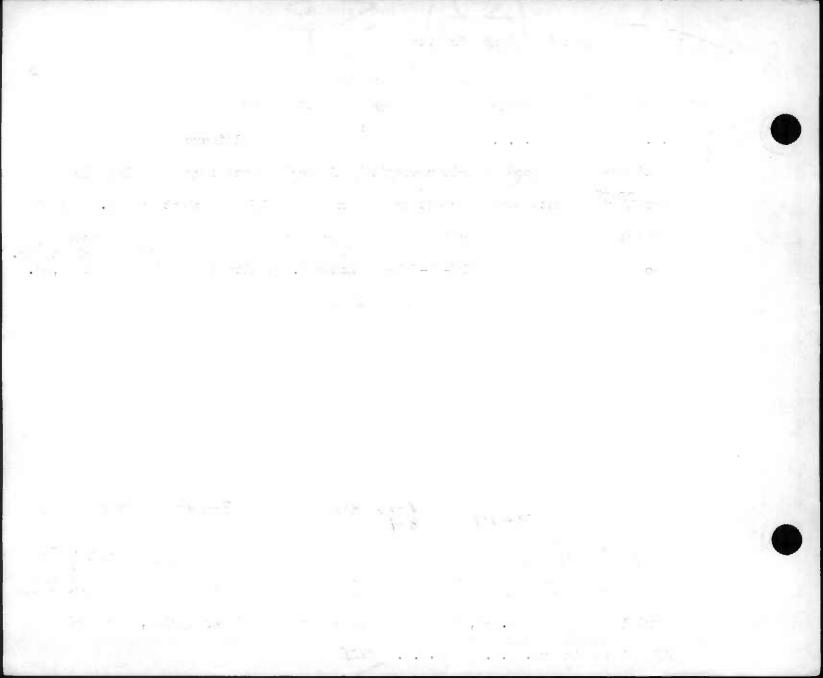


4	1.	STATE REGISTRAR CY	nthia	a Anne	DEPARTM Schmitz	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE	0 7	3 6			
		CEASED NAME	FIR51		MIDDLE	7	AST	2a. D	ATE OF DEATH		DAY YEAR	26 HOUR	_
	(1172	Cy	nth	a	(Schi	nitz	·		3/1	8/84	9:35 A	M
	3 SE	× 0		4. RACE		5. DATE C	OF BIRTH	6. AC	E (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS	
	Fe	male		White		Mard	7 00 1945 00	35	5	YRS.	MOINING DATA	HOURS MIN.	
ž	79 BI	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D MEVER MARRIED D	D.	ltimore city <u>c</u>	R COUNTY	OFDEATH	M	D.
6	Ba	TY OR TOWN OF DEA		Good Sa	HEACHITY, GIVE STREET A Maritan H	ospit	or other institution cal of Maryla:	TYPE	SUAL OCCUPAT OF WORK FOR MOST Cretary			of Business of irm	?
5	USU/ 13a S M	AL RESIDENCE (IF NURS STATE 20878 aryland	NE DUI NE DUI Ont	other institution, NTY gomery	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Darnesto	ADMISSION) WII	13d. INSIDE CITY LIMITS? YES MO	13.57	REET ADDRESS OS Ancie	zip code ent Oa	k Dr.	20878	3
1	1	obert		MIDDLE	Tedd		15. MOTHER'S MAIDEN NA	AME	WIDDLE		Loc	cke	
0	16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT		ADDR			cient Oa	
6		(ES, NO OR UNKNOWN)	(11 123, 01	E WAN ON DAIES	215-52-5	914	Thomas P. S.	chmi	tz (Husl	oand)		town, Md.	
1	CERTIFICATION	Conditions, if ony, gove rise to imm couse (ol), stotim underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAL	nediote g the lost.	(c)		EATH BUT	NOT RELATED TO THE TER/		DISEASE OR CON	20b. IF YES	EN IN PART 10	NGS USED	=
	RTIF								5 NO		s 🗌	NO 🗌	
1	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	AUSE OF DE	21e. PLACE C	M. MONTH DA M.	19	216. HOW INJURY OCCUP	RRED (1	NTER NATURE OF INJU		COUNTY	STATE	_
		22a. I certify that (I) sow the decease obove, (I) (we) (c	(this hosp	3-11	7 19 5	14,01	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEI	DICAL STA	FF			.t
		D.E.	Ke	rr, A	(.D.		Good Sa	ma	ritan	Hos	pital	Baltim	יאני
	23a B	URIAL, CREMATION, SPECIFY) Urial	REMOVAL		01		emetery or crematory of Heaven		LOCATION CITY OR TOWN ILVER S	ring.	COUNTY	and	
		INERAL DIRECTOR	ph Ga		ns		25n DA	107		A 7	0.0	138300	~
		30 Wiscons				C. 2	20016 MAR	27	1984	THE PERCENT	lifton . M		

DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or ather troumatic event, the medical exa



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completely filled in by the

After the certificate has been signed by the ottending physicion and as the burish transference. Then please remove corbon popers. Pages in and Americal Hygerse prior to buriol, cremation, or removal.

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept, of Heal

DHMH - 16 50M 4/83

(VRA 15, 4)

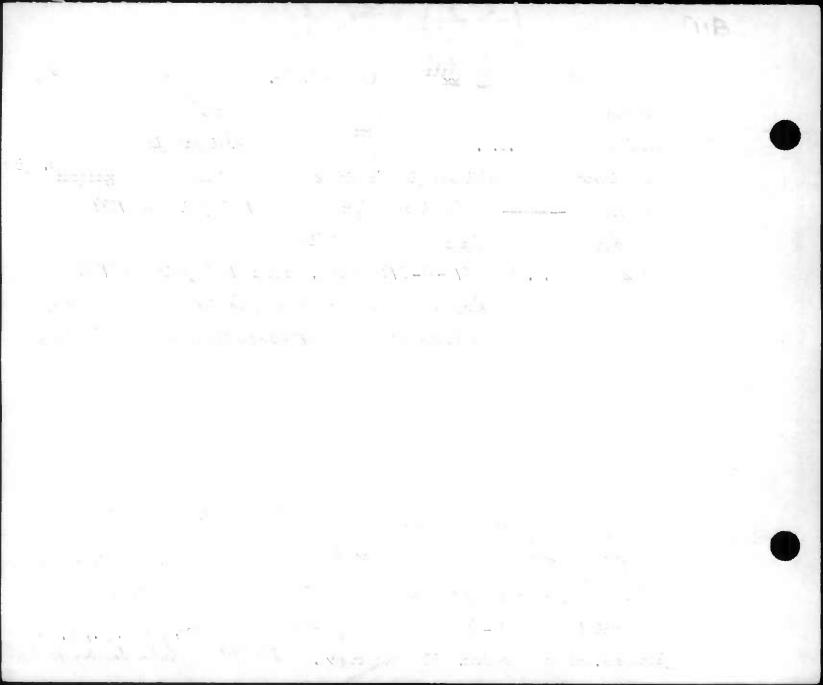
IMPORTANT If them 21 is marked or term 18 shows any injury, or other troumotic events, the

FOR DEPARTMENT OF HEALTH AND
STATE
REGISTRAR CERTIFICATE OF

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

/	2.5	1

		REGISTRAR				CERTIF	ICATE OF I	EAIR	REG. NO.				
		CEASED NAME OR PRINT)	LOU, S	Ç	John		AST CUP S	CKSn.	20 DATE OF DEATH	монтн 3	15 85	20 11	OUR
	2.65		20015		1 90k.	5. DATE C		しんこん。	6 AGE (IN YEARS LAST		IF UNDER 1 YE		DER 24 HRS
	3. SEX	MALE		4. RACE	476.	MONTH 09	DAY	18	65	YRS	MONTHS DA		
	7a. BII	RTHPLACE (STATEO	R FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER	AADDIED [9 BALTIMORE CITY	OR COUN	TY OF DEATH		
9	1	laryland		U.S.+	1.	WIDOWE	D DI	VORCED	Baltimo	re (i	ty		MD
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN (IF NOT 1) SUCH FACILITY, GIVE STREET Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE				EST ADDRESS)	OR OTHER INS	ITUTION		(TYPE OF WORK FOR MOST OF WORKING LIFE) IN			IZB. KIND O BUSINESS OF INDUSTRY DALLOW,	
)	13a. S	aryland	13b COUN		13c. CITY OF TO		13d. INSIDE C	140 🗆		s/zip.go	DE 2122	4	
0	14. FA	THER'S NAME		MIDDLE	chrack		15. MOTHER'	MAIDEN NAM	WIDDIE			LAST	
		WAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. AR	MED FORCES?	215-09	9-6214	Mary (ack 1403 (urie	Way 21	224	
		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE		lige for (o), (b), RESTR	ond (CTIVE	S CAR	DIOMS	VOPATH	4	BETWE	C M	STERVAL AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last										246	ARS
1	CERTIFICATION	PART 2. OTHER SIG			ONTRIBUTING T				200 AUTOPSY?	20b. IF Y	GIVEN IN PART YES, WERE FIN TIFYING CAUS	IDINGS U SES OF DE	
,		210. ACCIDENT WAS U		21b. TIME C		DAY YEAR	21c. HOW IN	IJURY OCCURR	RED (ENTER NATURE OF I				
	MEDICAL	21d. INJURY OCCU	RRED	21e. PLACE	M. OF INJURY REET FACTORY, OFFIC	19 (E. FARM ETC.)	211 LOCATION STREE		CITY OF	RTOWN	COUNTY		STATE
		22a.1 certify that (I) (this hospi	7	15 19	46 /4 /	nd that in (my	(our) opinion o	to 3/	date and h	19 89 sour and from		li (we) lost s stoted
,		226. SIGNATURE	They	1	aggraphents (s.			ATTENDING PHYSICIAN [MEDICAL S DIRECTOR PHY	TAFF SICIAN	22c. DA	ATE SIGNI	184
		JULIO	LAME (TYPE O	1	SZTA	in	BAV	1 MORE	city M	58117	TAZ.		
	23e. E	BURIAL, CREMATION (SPECIFY) Buria	1	3-15-	84	Oak Lo		CREMATORY	23d. LOCATION	od R	COUNTY	M_J	STATE
	24 FU	UNERAL DIRECTOR	7 . 1	0.0	ADDRES	š1. C		258 DATI	EIREC'D BY REGISTR	ARTS LEG	STRAFF	URE	1 0
		rarles	eiler	& Jon S	Inc. 622	4 cast	ern Ave	20 3/	13 /67	yul	a police	ven.	14mile



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate be executed within 24 haurs afte

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	60	O	-

	REGISTRAR		CERTII	ICATE OF DE	AIII	REG. NO.						
	DECEASED NAME FIRST	WIDDLE		AST		2a. DATE OF DEATH	MONTH DA	YEAR	26 HOUR			
L	Earl	E.		Schreine	r Sr.		3 1:	1 84	2:30 AX			
3. 3	SEX	4 RACE	5. DATE C			6 AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS			
	male	white	10	1 15	1899	84	YRS M	DNIHS DAYS	HOURS MIN.			
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	D X NEVER MA	DDIED []	9 BALTIMORE CITY O		OF DEATH				
	Maryland	U.S.A.	WIDOWE		DRCED	Baltimo	ore Ci	tv	MD			
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME C	OR OTHER INSTIT	UTION	12a USUAL OCCUPATION	ON	12b. KIND C	OF BUSINESS OR			
0	Baltimore	St. Agnes Ho					tor	Rail:	road			
13c	BUAL RESIDENCE (# NURSING HOME OF A STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEF	13e. STREET ADDRESS		1							
2	Maryland	Baltimo		13d. INSIDE CIT	10 [1707 Wicke	s Aver	nie. 2	1230			
14	FATHER'S NAME			15. MOTHER'S		ME		140, 2	1230			
	Charles	Schreine	er		air	WIDDLE		Scha	ffer			
/ 16a	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		17 INFORMAN		ADDRE	SS	- DOITG	2101			
	(YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES) 705-0	7-7886	Shirle	v Spen	ice 1720 Wi	ckes A	1701110	21230			
	18 CAUSE OF DEATH (Enter o	1720 191	-CRCB 1									
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUSE OF DEATH BETWEEN ONSET AND DEATH											
	0300											
	Conditions, if ony, which (b) Ras A CONSEQUENCE OF CRYONIC RENAL Failure											
	gove rise to immediate											
underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF												
	PART 2 OTHER SIGNIFICANT			NOT RELATED TO	O THE TERM	IN ALDISEASE OF CONT	NTION CIVE	NI INI DADT 1.				
N N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI							A HALAKI III	5			
ス §	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED			
CERTIFICATION						YES NOW YES NO NO NO NO NO NO NO NO NO NO NO NO NO						
N W				21c. HOW INJU	IRY OCCURR	ED (ENTER NATURE OF INJUR		T : OR PART 2)				
7 ₹	OR CONTRIBUTING CAUSE OF DE		DAY YEAR									
MEDICAL	21d. INJURY OCCURRED	21e. PŁACE OF INJURY		21f. LOCATION								
₹	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC)	STREET		CITY OR TOV	VN	COUNTY	STATE			
		ital) attended the deceased from	IIM	arch	10 84	10-11 May	10h 10	24	that (I) (we) last			
	sow the deceased alive or			d that in (my) (a	ur) opinion d	death accurred on the do	te and hour o	and from the	couses stated			
	22b. SIGNATURE	New the body offer death		DEGREE	_			22c. DATE				
	1 and	Juna	M		ENDING YSICIAN	MEDICAL STAF		IIM	anchiga			
7	22d. PHYSICIAN'S NAME (TYPE	OR PRINT	1	22e. ADDRESS	TSICIAN L	DIRECTOR PHYSIC	IAN	0000	watta			
	Dorrid Tune M	D	0				000	1 - 4				
73a	David Jung, M		NAME OF C	EMETERY OR CRI		lospital, 90	0 5, (aton A	avenue			
1.50	(SPECIFY)	03-14-84		n Park	LMATORT	CITY OR TOWN	City	COUNTY	ryland			
24.	Burial FUNERAL DIRECTOR	103-14-04	Loude		25n DATE	Baltimore	MA DECISTO					
	NAME	ADDRESS	*****	21229	MAR	REC'D. BY REGISTRAR	Mia Day	dron-R	moelle			
H	lubbard Funeral	Home, Inc. 4107	Wilker	is Ave.	MILITY	1 4 1304	W-000 F-000					

DHMH - 16 50M 1/81 (VRA 15, 4)

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	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MEN
TATE	CERTIFICATE OF DEA

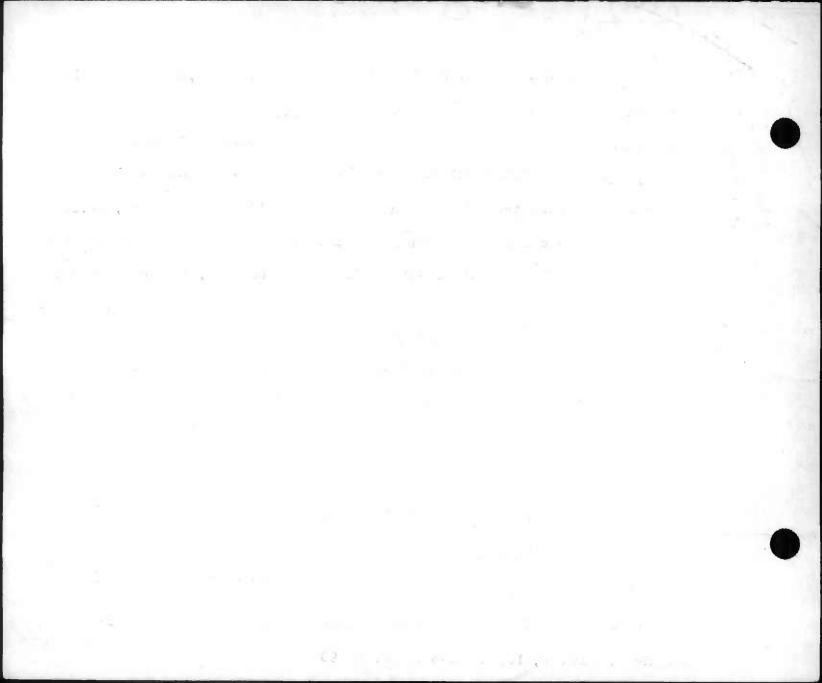
7	5	6	Est
		-	4

144	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND	AENTAL HYGI EATH	REG. NO.	5	
		CEASED NAME FIRST RICHA	ARD H.	. SCH	UERHO)LZ		MARCH 7, 198		3:42A
	3 SEX	(4 RACE		5. DATE O			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
6	1	Male	White		June	24	1933		RS. MONTHS DAYS	HOURS MIN.
221	a BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	MARRIED	NEVER A	ARRIED -	9 BALTIMORE CITY OR COL		
X L		aryland TY OR TOWN OF DEATH	USA	TAL MINISTER	WIDOWE		ORCED	BALTIMORE C		MD. OF BUSINESS OR
13		BALTIMORE	JOHNS H					(Type of work for most of work Underwriter	INDUSTRY	
35	13a. S	AL RESIDENCE (IF NURSING HOME COL STATE ISECOL Bryland Bal	INTY 13c. C	SIDENCE BEFORE ITY OR TOW Ockeys	N	13d INSIDE C	TY LIMITS?	13e STREET ALUKESS / 21P C		1030
121	14. F.A	THER'S NAME	MIDDLE	LAST	Sr.	15_MOTHER'S	MAIDEN NAM	AE MIDDLE	1.4	AST
BU		Louis Ri		chuerl	nolz		nelle	Leslie	McQ	uiston
dicol		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b S	OCIAL SECU	RITY NO.	17 INFORMA	NT	ADDRESS	2	21030
E .		Yes	21	5-30-	7986	Jane	A. Sch	uerholz, 10 S		
er troumotic event,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA) Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A	CONSEQUE	NCE OF EDIN	& AI	VD S	ISION EPSIS	5	days
jury, ar oth	N	PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONTRIL	BUTING TO I	TUB HTABO	NOT RELATED	TO THE TERMI	S LIVER DISE NALDISEASE OR CONDITION ICYTOPENIA	I GIVEN IN PART 1	ON HO.
James on y	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION					20a AUTOPSY? 20b.	F YES, WERE FIND ERTIFYING CAUSE YES	INGS USED
fem 18 st		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. A		AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
ked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN.		ARM ETC)	211 LOCATIO STREET	N	CITY OR TOWN	COUNTY	STATE
21 is mai		22a I certify that (I) (this has sow the deceased alive a above (I) (we) (did) (did r	NINKLIT	19 2	MARC.	d that in	, 19 84 (our) opinion o	. to MRRCIT /	19.89 d hour and from the	, that (I) (we) last e causes stated
是 · · · ·		1226. SIGNATURE	guswold	,m.			TTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1 21	7/84
MPORTAN	0	22d PHYSICIAN'S NAME (TYPE	-	, M.	Δ.	JOH.		S. BROADWA	YAL 212	05 LTIMORE
3		BURIAL, CREMATION, REMOVA SPECIFY) Burial	3/9/84			EMETERY OR	rematory y Cem	23d LOCATION CITY OR TOWN Timonium	Balto.	ма.
4/83		JNERAL DIRECTOR	3/7/04	ועון	itaney	valle	250. DATE	REC'D. BY REGISTRAR 256 RE		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

Martin D. Lawson, 10 W. Padonia Rd. 21093



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Pag

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directal should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages (and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If them 21 is marked ar them, 18 shaws any injury, ar other traumatic event, the medical ex

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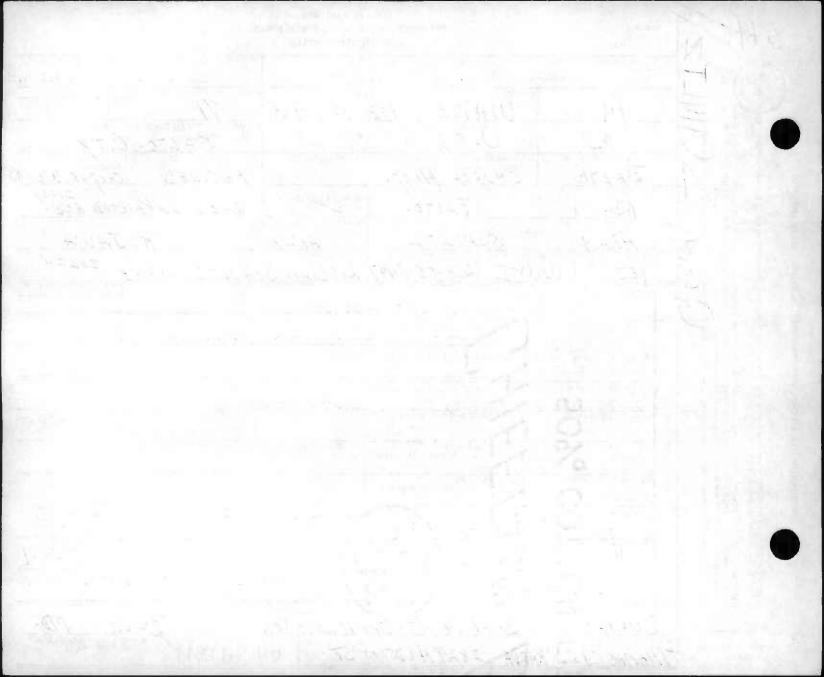
STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
CERTIFICATE OF DEATH								

NE	0	7	3	6	
		REG	NO		

1.	STATE REGISTRAR		U		ICATE OF DEATH	REG. 1	10.	• 2	
	CEASED NAME	FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	OK PRINT)	GEORGE	E.	SC	HULTZ	MARCH	18, 1	984	10:25A
3. SE	m	4.	RACE	S. DATE C	PERTH 10AR 10AR 12	6. AGE (IN YEARS LAST B		MONTHS DATS	IF UNDER 24 HRS. HOURS MIN.
1	RTHPLACE (STAT	E OR FOREIGN 76	CITIZEN OF WHAT COL	- PEE	12, 1713	9 BALTIMORE CITY	YRS.	V OF DEATH	
	COUNTRY) M	D.	U. S. A	MARRIE	DINEVER MARRIED	BA	LTO.	CITI	MD
10. CI	BAL		I. NAME OF HOSPITAL, (IF NOT, IN SUCH FACILITY, GI		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE TIRE	OF WORKING LIE	FE) INDUSTRY	OF BUSINESS OR
	AL RESIDENCE (IF	NURSING HOME OR O	Y 13 1.,S ITY C	CE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS? YES ON O	130. STREET ADDRESS	LAKE	ELVOOD.	21224 AUE.
1	THER'S NAME	4	SCHUL	^{AST} 2	15. MOTHER'S MAIDEN N	MIDDLE	K	UJAU	JA
	VAS DECEASED E		ARORDANS) 213-	-05-5447	LILLIAN C	SCHULTZ ADDI	SAV	UJAU	1224
ICATION	PART 2. OTHER	immediate stating the ause last. SIGNIFICANT CO	DUE TO, OR AS A COL	NSEQUENCE OF	IC CARDIOVAS NOT RELATED TO THE TEF DIABETES MEL N WAS PERFORMED	RMINAL DISEASE OR COI	NDITION GIV	/EN IN PART 1:	NGS USED
CERTIFIC	21a. ACCIDENT WA	S UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ		PART I OR PART 2)	NO 🗆
		CAUSE OF DEATH	HOUR A.M. MON	TH DAY YEAR					
MEDICAL	21d. INJURY OC		210. PLACE OF INJURY (AT HOME STREET, FACTORY		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	22a. I certify the	reased alive on _ ve) (did) did nat)	MARCH 18 view the body after death		ARY 18 19 84 Indicate that in (my) pinion processes	on depth occurred on the	date and hou		
1		F. NOUR		MA	120 ADDRESS CHUR	CH HOSPITAL	CORPO		
230. B	BURIAL, CREMATI	ON, REMOVAL	3-21-84	ST-STA	EMETERY OF CREMATORY	M. CITY OR TOWN	BA	COUNTY	MD:
24 FL	HAMAS	T. CK	eDA 2829	POREST UDSON	25a. D	AAR 2 0 1984	2510 REGIST	PAR'S SIGNA	Hondall

DHMH - 16 50M 4/82 (VRA 15, 4)

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may be

executed within 24 hours after death. Page 4

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN; The low retained by the hospital or attending physicion.

rector, page 3

completely filled in and 2 should be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG.	NO.

REGISTRAR 266, REGISTRAR'S SIGNATURE

	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	EALTH AND			5 0	Q		
ı		CEASED NAME	FIRST	٨	AIDDLE	i	AST		20 DATE OF DEA		DAY YEAR	2b. HOUI	R
1	(TYPE	OR PRINT)	ELLIE	AG	NES	SCHUI	LTZ		March	16, 1	984	9:4	5a,
١	3. SEX	<	4. R	ACE		5. DATE C			6. AGE (IN YEARS	LAST BIRTHDAY	IF UNDER 1 YEAR		
ė	N. Carlotte	Female		Whi	te	Sept	t. 28,	1894	89	YRS	MONTHS DAYS	HOURS	MIN.
	7e. BIF	RTHPLACE (STATE OR F	OREIGN 76		WHAT COUN	ITRY? 8.	D NEVER	MARRIED T	9. BALTIMORE C				
		aryland		U.S		WIDOWE	D X D	VORCED [Balti	more C	ity		MD.
		TY OR TOWN OF DEA	TH 11.			URSING HOME C	R OTHER INS	TITUTION	126 USUAL OCC			OF BUSINE	SSOR
-	100	ltimore		3406	Pinew	ood Ave	€.		Homema			Home	9
	13e. S	AL RESIDENCE (IF NURSI TATE ryland	13b. COUNTY	ER INSTITUTION,	13c CITY OR	TOWN imore	13d. INSIDE C	NO 🗌	13e. STREET ADD 3406 P		d Ave.	212	06
	14 FA	THER'S NAME	MIDE	OLE	LAS	1	15. MOTHER	S MAIDEN NA/		DDLE	L.	AST	
		Michael			McDon	4	Ma	ry	An	ne	Croud	ghan	
		VAS DECEASED EVER	IN U.S. ARMEE		166 SOCIAL	SECURITY NO.	17. INFORMA	ANT		ADDRESS	21	206	
	,,,	NO OR UNKNOWN)	(# 123, GIVE WA	(R OR DATES)	212-2	8-2889	Mary	Agnes	Bauer,	3406	Pinewo	od A	ve.
	CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH W 18. O Conditions, if ony, gove rise to imm cause (o), statin underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT	which nediate g the lost.	DUE TO, OF DUE TO, OF (b) DUE TO, OF (c) JOINTIONS CO	AS A CONS	ELAN SEQUENCE OF	V) TO THE TERM	IN AL DISEASE OR	? 20b. IF Y	2	INGS USED	<u>s</u>
_	RTIF									X	YES [NO [
1		210. ACCIDENT WAS UND		11b. TIME O		DAY YEAR	ZIC HOW IN	UURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 18	B PART OR PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDIC		P./		19							
	MED	21d INJURY OCCURR	ILE 🗆	21e. PLACE ((AT HOME STR	OF INJURY EET FACTORY, O	FFICE, FARM, ETC)	211. LOCATI		CIT	Y OR TOWN	COUNTY	Sì	ATE
		220. I certify that (I) saw the decease obave (II) we) (d 22b. SIGN	ed alive and did (did not) And	ew the body	5	.19 <u>82</u> , or	DEGREE	ATTENDING PHYSICIAN	deoth occurred on MEDICAL DIRECTOR F	Harris		, that (II (we couses sto E SIGNED	,
		Richar	d W.	Bittr	ick,	M.D.	8100	Harf	ord Rd.				
	23a. B	URIAL CREMATION.		3b. DATE		23c. NAME OF C			23d LOCATIO	N			
	-{	Burial	Ma	ar.19	,1984	Parkv	rood		Balti	more	COUNTY	Me	d.

INC.

ALTENBURG FUNERAL HOME, IN ord Rd., Balto., Md. 21214

DHMH-16 30M 2/80

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and co should be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, the

with the State Dept. or mercen.

RUBERTE COR

6009 Harford Rd., Balto.,

(VRA 15, 4)

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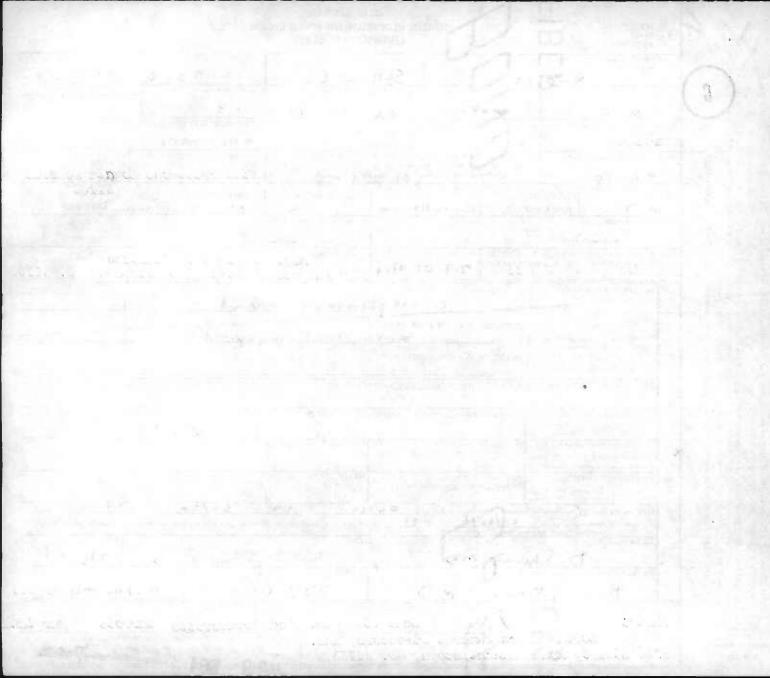
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5	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 76. HOUR
	TYPE OR PRINT)	pert	SCHULTZE	0 3	3 06 84 4'120 PA
G 3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
170	MALC	white	MONTH DAY YEAR	64	YRS MONTHS DAYS HOURS MIN.
27 10	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY O	OR COUNTY OF DEATH
35 N	Mary land	USA	MARRIED WEVER MARRIED WIDOWED DIVORCED	BALTIM	DRE CITY M
	CITY OR TOWN OF DEATH	I.F. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE VN (V V)	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126. KIND OF BUSINESS OF
		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 13c. CITY OR TO V Rondall	RE ADMISSION) NN 136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	91133
30"	FATHER'S NAME FIRST UNKNOWN	MIDDLE LAST	15. MOTHER'S MAIDEN NAI FIRST UNKN	WE	LAST
injury, ar ather troumatic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) IT CONDITIONS CONTRIBUTING TO	severe cordiom		IDITION GIVEN IN PART 110
27	19a. DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
S				YES NOW	IN CERTIFYING CAUSES OF DEATH? YES NO
CA	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	PAY YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART T OR PART 2)
9	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
m 21 is morked	220.1 certify that (1) (this has saw the deceased alive	spital) attended the deceased from on 03/06/67 19 not) view the body after death	, one mer in (my) (ear) spinor	, to <u>03/06</u> death accurred on the d	late and hour and from the causes stated
ZT. #	5	Scheng MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	
IMPORTANT:	224 PHYSICIAN'S NAME (TY	SCHAMY MD	22 S. (sieme st	. Bulto mD 212
> = 23	b. BURIAL, CREMATION, REMOV	AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE

Lake View Mem. Park

DHMH - 16 50M 4/83 (VRA 15, 4)

14 FUNERAL DIRECTOROTING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD. 21133



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1201	ours of	e filed
AND 2	24 hc	filled bould b
ARYL	within	pletely nd 2 st
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ST., B	ertifico	ponpop remove
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5, 201	vires th	en pleo buriol,
CORD	w requ	mit. The prior to ony inju
TAL RE	The lo	te hos giene g
OF VI	ICIAN:	iol-tron intol Hy tem 38
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	3 PHYS	the burner ond Me
٥	NO IO	DR: Afte
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. These a man be estained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral devices should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 heurn different with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical experiencements believed.
	TAL C	Stote D
	HOSP	ould by
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DHMH - 16 50M 4/83

(VRA 15, 4)

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24 FUNERAL DIRECTOR

SOL LEVINSON & BROS, INC

6010 REISTERSTOWN RD. BALTO. MD 21215

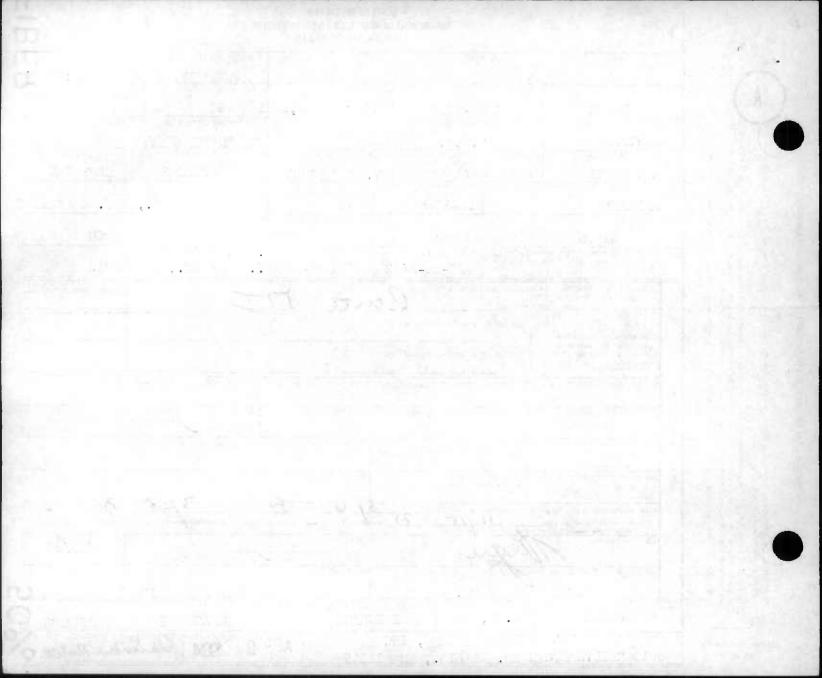
FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 0 7 3 6	8	
1. DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 2h. HOL	R
DORO	THY	SCHU	MAN	MARCH 28, 198	4:0	A.
3. SEX FEMALE	4. RACE CAUCA	SIAN SEI		6 AGE (IN YEARS LAST BIRTHDAY) 1 82 YRS.	MONTHS DAYS HOURS	24 HRS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT	MARRIEI	D NEVER MARRIED X	9. BALTIMORE CITY OR COUNTY BALTIMORE CITY.	OF DEATH	MD.
IO. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPI' (IF NOT IN SUCH FACILI	TAL, NURSING HOME O	C (212 09)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI SALES PERSON	12b. KIND OF BUSINI INDUSTRY CLOTHING	
USUAL RESIDENCE HE NURSING HOME (130, STATE 13b, COUMARY LAND	JNTY 13c. C		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 6415 DORAL DR.	APT. C #	21209
14. FATHER'S NAME FIRST SIMON	MIDDLE	IUMAN	15. MOTHER'S MAIDEN NAMED HENRIETTA		HOCH	- 13
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (# YES, C	IVE WAR OR DATES)	OCIAL SECURITY NO. 20-02-5492	17. INFORMANT MRS	S. BETTY ASESDEL VE. BALTO., MD	21215	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A DUE TO, OR AS A DUE TO, OR AS A DUE TO, OR AS A	CONSEQUENCE OF	ute l'	INAL DISEASE OF CONDITION OF	APPROXIMATE INTE BETWEEN ONSET AND	RVAI DEATH

BALTIMORE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
APR 2 1984 Julia Davidson Randale

MARYLAND

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20D. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART T OR PART 2]
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR YOU	1 - 0
27a. L certify that (1) (this hospital) saw the deceosed alive on obove, (1) (we) (elid) (did not)	11/5 19 X2 01	nd/that in (my) (aux) opinion d	eoth occurred on the	te ond hour ond from the couses stated
27h. SIGNATURE	lezen	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F 3/28/84
22d. PHYSICIAN'S NAME (TYPE OF PH	1907	27e ADDRESS		
BORIS KE	ERZNER MD.	131 SI	ADE AVENUE	(21208)
	736. DATE 736. NAME OF C	EMETERY OR CREMATORY SRAEL	23d LOCATION CITY OF TOWN BALTIM	DRE MARYLAND



requires that the death certificate

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ATTENDING

etained by the haspital ar TO HOSPITAL OR

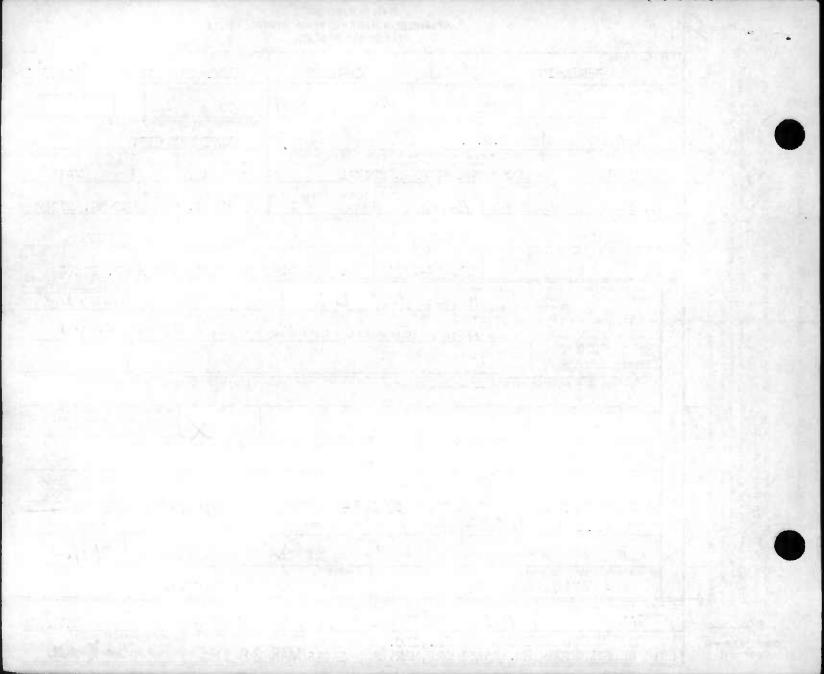
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-7		Free	
-/-	16.0	0	

2	- STATE REGISTRAR			CERTII	FICATE OF DEATH	REG. NO.			
	DECEASED NAME FIRS	ī	MIDDLE		LAST	20. DATE OF DEATH M	ONTH DAY	YEAR	26 HOUR D
	BENJA!	MIN			SCHWARTZ	MARCH 21	, 1984	1	11:45 ^P
3.	SEX	4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UP	NDER I YEAR	IF UNDER 24 HRS
	MALE	WHI	ГЕ	MA	Y 4, 1904	79	YRS.	DATS	HOURS MIN.
2	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	
5	MARYLAND	U. S	S.A.	WIDOW	-0.0	BALTIMOR	E CITY		M
13 1	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N I	26. KIND O	F BUSINESS OR
3	BALTIMORE		SAMARITAN		PITAL	MERCHANT	WORKING (IFE)		ETAIL
		ME OR OTHER INSTITUTION OUNTY BALTIMORE	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 1		IS DD	21204
20 10	FATHER'S NAME	DALITMORE	DALTO.		15. MOTHER'S MAIDEN NA		DUNGIAN	VO IND	21204
U	ADOLPH	MIDDLE	SCHWAR		ROSA	WIDDLE		JNKNOV	
21	WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (1F YE	S. ARMED FORCES? ES, GIVE WAR OR DATES!	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES	S		
	NO		218-14-2	2384	MR. ROY SCH	VARTZ 4710	BYRON R		
	18. CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er anly one cause pe	r line for (a), (b), and	dieg /	2501			BETWEEN	MATE INTERVAL DISET AND DEATH
		DIATE CAUSE (a)	Myocar	rdia	1 Intarct	on		imm	educate
2	PART 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYIN	(c)_		DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, WE	ERE FINDIN	GS USED OF DEATH?
	71a. ACCIDENT WAS UNDERLYIN	G 716. TIME O	OF INJURY		21c. HOW INJURY OCCUR	123	YES	OR PART 2}	NO [
	OR CONTRIBUTION CAUSE	OF DEATH	.M. MONTH DA						
	WHILE NOT WHILE AT WORK	Zle, PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC.)	716 LOCATION STREET	CITY OR TOWN	N	COUNTY	STATE
	22a I certify that (I) (4his	haratal) attended t	he decroyed from	2/1	0/84 10	3/21	84 10		that (I) -(we) la
	saw the deceased aliverabove, (1) (we) (did) (d	- A	out 1		nd that in (my) (our) opinion	death accurred an the date	e and haur and		
	27b. SIONATURE	id nat) view the bad	ofter death.	10	DEGREE			22c. DAJE	
1	Bevord	n Cds.	elin	W	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	AN 🗌	3/2	1 - 1
	DR. DAVI	GOLDSCHI	ER		GOOD SAMA	RITAN HOSPITA	AL		
2	30. BURIAL, CREMATION, REMO	3/23,			CEMETERY OR CREMATORY YOUNG MENS CEN	23d. LOCATION CITY OR TOWN BALTIMORE	co	YTHUC	MARY LAN
2	4 FUNERAL DIRECTOR SOL					E REC'D. BY REGISTRAR 2	b REGISTRAR		
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DHMH - 16 50M 4/83 (VRA 15, 4)

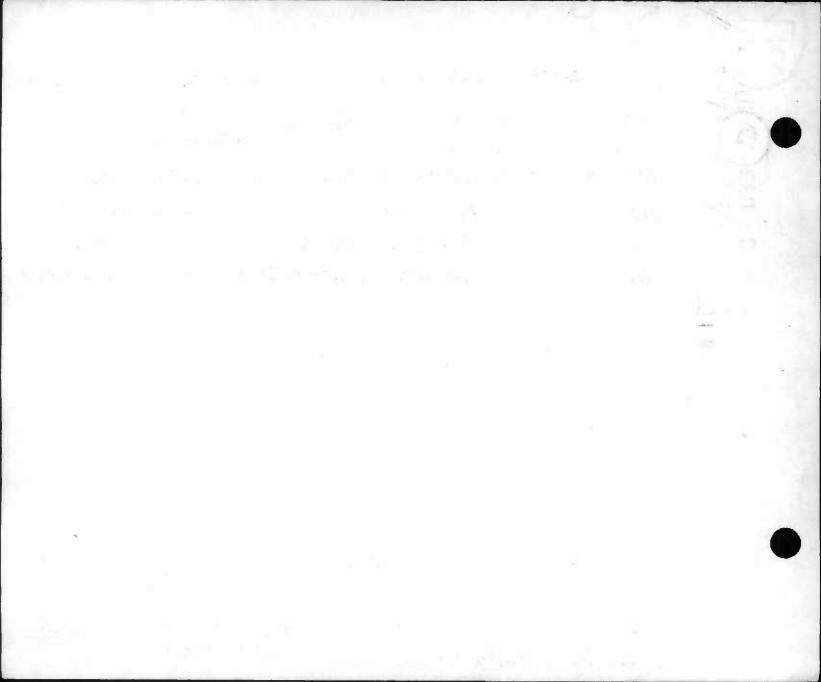


DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١		FOR STATE REGISTRAR			DEPAR		EALTH AND I	MENTAL HYGIE EATH	ENE U	REG. NO.				
ł	1 DEC	EASED NAME	FIRST		MIDDLE	i.	AST		2a. DATE OF		ONTH DAY	YEAR	2b HOU	R
١		20.001	glori	a	Delore:	s s	cott		MARCH	12	1984		01:	1 4 4 4 4 1
1	3. SEX			4 RACE		5. DATE C		YEAR	AGE (IN YE	ARS LAST BIRTH	DAY) IF U	HS DAYS	IF UNDER	24 HR5 MIN.
		maile		Bla	OCK	AUG	17-	48.		.35	YRS.			
9		THPLACE (STATE OR DUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8. MARRIEI	NEVER A	AARRIED '	BAL'INGR		COUNTY OF	DEATH		
4)	Va		7/. 5	, /-) / HOŠPITAL, NURS	WIDOWE		VORCED	12a. USUAL O			2h KIND O	E RUSINE	MD.
-	K -	Y OR TOWN OF DEA	AIH		HOSPITAL, NORS	ET ADDRESS)		11011014	TORCHE	FOR MOST OF		NDUSTRY	,	/
7	USUA	L RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)			13e.STREET A	DDDCCC /	ZID CODE			
Z	13a S	Md.	136. COUN	11 Y	13c. CITY OR TO	oone	13d. INSIDE C	NO []	26311	DUKESS /	12SE	1.21	213	
d	II. FA	THER'S NAME					15 MOTHER'	MAIDEN NAM	E					
)	Lee		MIDDLE	Stew	200	Hel	PIRST		WIDDLE	No	nda	N	
/		AS DECEASED EVER			166 SOCIAL SE		17 INFORMA	NT		ADDRES	S	-		
	(YI	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	216-52-	0911	Mrs.t	lelen S.	tewar	rt .26:	318.61	age s	Stia	1213
		18. CAUSE OF DEAT PART I. DEATH V	IMMEDIA	D BY: 'E CAUSE (a)		OUENCE OF	ry Fa	uline An	0.4			Z-C	Jan	P 1
		Conditions, if ony gave rise to im cause (a), stati underlying cause	mediate ng the e last.	(c)	R AS A CONSEC	DUENCE OF	dan	CIMAL OTHE TERMIN	NAL DISEASE	OR COND	ITION GIVEN	2	day	<u>S</u>
+	CERTIFICATION	Mabele 190 DATE OF OPERA	I Mell		enal Fa	ch OPERATIO	Non A	Non B	Rena 200 AUTO	AAS PSY?	20b. IF YES, W			
	TIFIC								TES	NO	YES []	NO [
1		21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DE	HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	21c HOW IN	IJURY OCCU rri	ED (In In A	URE OF INJURY	IN ITEM 18 PART	I OR PART 2)		
	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFIC		211. LOCATI		,	CITY OR TOW	/N	COUNTY		STATE
		210.1 certify that (I) (Mis hasp				Mary od that in (my	19 84	, ta	11 D	te and hour or		-	we last
		saw the decem abave, (I) (we), 22b SIGNATURE	did) did no	it) view the bady	y after death.		DEGREE	32			G 1	22c. DATE		4
			RI	angle	WID		(UI)	ATTENDING PHYSICIAN	MEDICAL DIRECTOR			3/	11/8	4
		R La	ME TYPE	Ulexa			22e. ADDRES	solino	Ars	kino	74050	Has	′ ′	
	23a B	URIAL, CREMATION	, REMOVAL	23b. DATE	23	. NAME OF (EMETERY OR	CREMATORY	23d. LOCA	TION	- 4	OUNTY		STATE
	L	SPECIFY) BUNIE	7/	3-16-	84 6	Baltim	ore 6	CMERO	V Bal	SIMO	ne.		M	1.
	24. FU	INERAL DIRECTOR	10	18.00	ADDRES	56 101	0.1-	25a. DATE	REC'D. BY R	1984	256 FEGISTRY	ESSIGNA ESSIGNA	yand	ملاك



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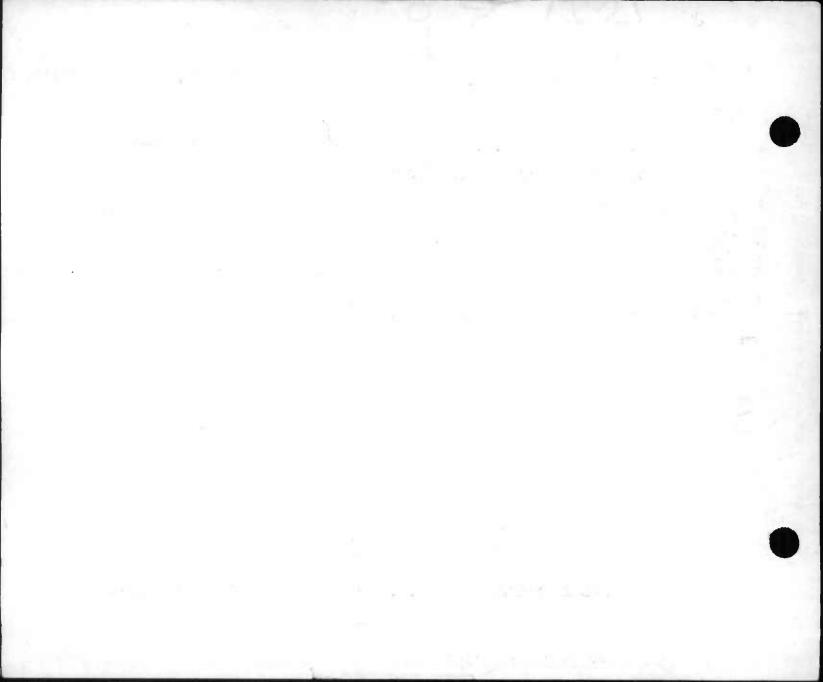
IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BYGIENE

	1 -	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAÉ BYG ICATE OF DEATH	REG. N	0	3	
		EASED NAME FIRST	MIDDLE	L.	AS1	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
		ORPRINT) VINA (LAVIN	A) c	SCO	TTC	MARCH 30	. 1984	4	12:30 P
۱	3. SEX	A T TAY	4. RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
5		Female	Black	MONTH 2	9 1900	84	YRS	DAYS DAYS	HOURS MIN.
1	7a BIR	OUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY O	OF DEATH	
	M	larvland	U.S.A.	WIDOWE	D NORCED	BALTIMOR	E CIT		MD,
5		Y OR TOWN OF DEATH ALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI THE JOHNS H	EET ADDRESS)		120 USUAL OCCUPAT		12b. KIND O INDUSTRY	F BUSINESS OR
7	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEF		AND DESCRIPTION	Le CTOFFT ADDRESS	/ ZID CODE		
ľ		ryland	NTY 136 CITY OR TO		13d Inside City Limits? YES 🔀 NO 🗌	13e STREET ADDRESS 2310 Ash		۸ ۱۲۰	21205
d		THER'S NAME		more	15. MOTHER'S MAIDEN NA		Tanu_		
1		George	MIDDLE LAST Barn	0.5	Josephi			Dor:	
1		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDR	ESS	1701	,,,
1	(1)	ES, NO OR UNKNOWN) (IF YES, GI	212-16	-0211	Felice Sco	tt 2310 A	shlan	d Ave	nue
		***	nly one couse per line for (a), (b),		IICIICE DEC	<u> </u>	<u> </u>		MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	TE CAUSE (a) CARDI		11LUME			i	DAY
1		2050 IMMEDIA							
١		Conditions, if ony, which	DUE TO, OR AS A CONSEC	MY I	JOSENONS U	EINLEMIA		2	MONITHS
		gove rise to immediate couse (a), stating the)						
1		underlying cause last	DUE TO, OR AS A CONSEC	SUENCE OF					
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVE	N IN PART 110	3
	N O								
7	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
and I	E					YES NOK	YES		NO [
	CER	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAI	RT I OR PART 2)	
- Agrae	IA.	OR CONTRIBUTING CAUSE OF DE	AIH	19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	E SADM ETC.)	21f. LOCATION	CITY OR TO	OWN	COUNTY	STATE
	2	AT WORK AT WORK	TAT TOME, STREET THE TOKY, OTTE	L, I AKK ETC)					
			itol attended the deceased from	- (a (b)	28 19 81	. 10 5	1		that (I) we lost
		sow the deceased olive or above, (1) (we) did) (did no	at) view the body ofter death.	9.4 , or	nd that in (my (our) opinion	deoth occurred on the c	ote ond hour		
		22b. SIGNATURE	300000	. (DEGREE ATTENDING	MEDICAL STA	FF /	22c. DATE	SIGNED
	è	724 PHYSICIAN'S NAME (TYPE	1.000,000		PHYSICIAN [DIRECTOR PHYSI	CIAN	1 -1 -	
		KELVIN		M.D.	THE JOHNS	HOPKINS	HOSPTT	raτ.	
_	23a. B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	LIODI I.		
	- f	TRIAL	4/4/84	Cedar	Hill Cem.	Anne Ar	unde1	Co,	Md.
	24 FU	INERAL DIRECTOR	ADDRES		25°°D'A	E REC'D. BY REGISTRAI	25h REGISTR	AR'S SIGNAT	URE
	Wn				h AvenueAPR	2 1984	Tulia Da	rdson-A	andole
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DHMH - 16 50M 4/83 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after tetained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon popers. Page with the Store Dept. of Health and Mental Hygiene priar to burial, cremotion, ar removal.

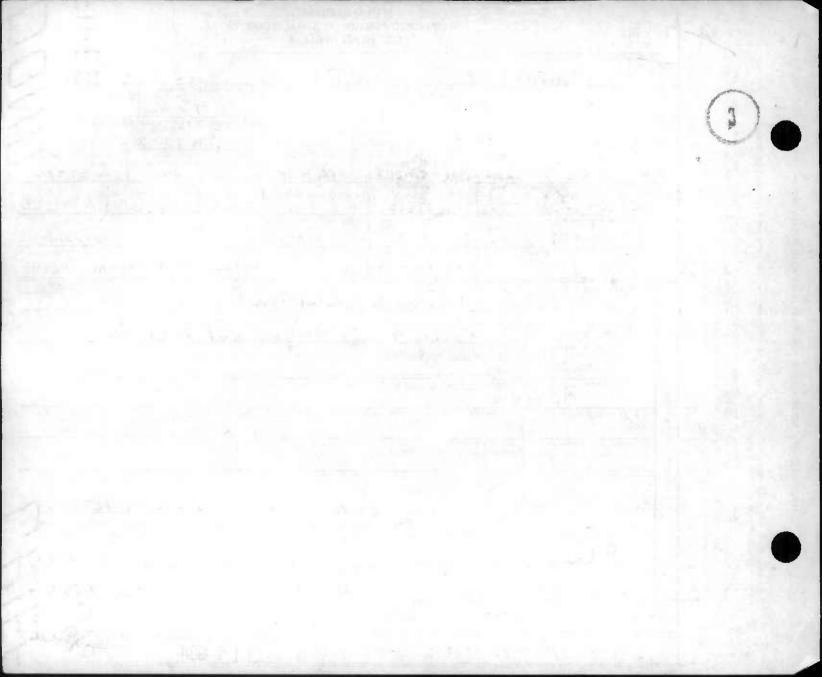
IMPORTANT: If them 21 is morked or them 18 shows any injury, or ather troumatic event,

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 7 3 7 2

DECEASED NAME (THE CEPTISE) 1 SEX 1 RACE 1 SCOTT 1 SEX 1 SEX 1 SCOTT 1 SEX 1 S	1	1 -	STATE REGISTRAR			ICATE OF DEATH	REG. NO.		
SEK FACE SOATE OF ARTH				WIDDLE		AS1	20. DATE OF DEATH MONT		2b. HOUR
SEKEMALE CACE S.DATE OF BRITH NEGRO DY 144 DY DY 144 DY DY NEGRO DY 144 DY DY DY DY DY DY DY		(ITPE	VIRGIN	ITA B	S	TTGS	3	12 84	4:40Am
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B CITY OR TOWN OF DEATH IN NAME OF ROSPITAL, NURSING HOME OR OTHER INSTITUTION IN BUILDING WARRAGED IN THE OWN OF SEATH IN THE	1			. CITIZEN OF WHAT COU	NTRY? 8				
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UNKNOWN 18 CAUSE OF DEATH little only one course per line for 101, lib, and [C] 18 CAUSE OF DEATH little only one course per line for 101, lib, and [C] 19 DATE LOEATH WAS CAUSED BY 10 DATE OF OPERATION 190 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- 190 DATE OF OPERATION 190 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 AUTOPSY? 190 A	21				L SECURITY NO.				
18. CAUSE OF DEATH IENTER only one cause per line for iol, ib), and ic.	1				40-3593	Queenie Wi	111iams 2441	Seamon	Avenue
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220 certify that (I) (this hospital) attended the deceased from \$ - 19 d 4 , to \$ - 12 , 19 d 4 , that (I) (we) lost saw the deceased alive an \$ - 2	1	¥	WHILE NOT WHILE	(AT HOME STREET, FACTORY,	OFFICE, FARM ETC)	STREET	CITYORTOWN	COUNTY	STATE
saw the deceased alive an 3-/2 19 dy, and that in (my) (our) ppinion death occurred on the date and hour and from the causes stated above, (1) (Re) (3) did not) view the bady after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN ACCOUNTY MILE. 236. BURIAL, CREMATION, REMOVAL 23b DATE 3/16/84 Arbutus Mem. Pk. Arbutus, COUNTY MILE. 246. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 25b.	1			attended the deceased	from^	- 11 19 25	/_ to 3 - /.	19 84	that (I) Wellast
226. BURIAL CREMATION, REMOVAL 236. DATE 3/16/84 226. DEGREE ATTENDING MEDICAL STAFF BY SICIAN STAFF BY SICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN BY BURIAL CREMATION, REMOVAL 236. NAME OF CEMETERY OR CREMATORY A COUNTY MULT. 236. BURIAL DIRECTOR 236. DATE REC'D. BY REGISTRARIZSD. REGISTRARI			saw the deceased alive an_	3-12	19 ty ,0	nd that in (my) (our) opinion	deoth occurred an the date o	/	
230. BURIAL, CREMATION, REMOVAL 23b. DATE 3/16/84 Arbutus Mem. Pk, Arbutus, COUNTY MUE.	- 1			view the bady after death		DEGREE		22c. DATE	SIGNED
226. ADDRESS 230. J Sould Hower St Bultime Med 2125 236. BURIAL, CREMATION, REMOVAL 23b DATE 3/16/84 Arbutus Mem. Pk. Arbutus, COUNTY Medical Country Arbutus Mem. Pk. Arbutus, COUNTY Medical Country Medical	1		90	Par D	0			m 3-	12-56
230. BURIAL, CREMATION, REMOVAL 23b. DATE 3/16/84 23c. NAME OF CEMETERY OR CREMATORY AFBUTUS, COUNTY MUE. 23c. FUNERAL DIRECTOR 23b. DATE REC'D. BY REGISTRARIZSD. REGISTR	\dashv	XIII	226. PHYSICIAN'S NAME (TYPE OR	PRINCIPAL STORA	Ome		J DIRECTOR PHISICIAN	06 1	7
236. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY AT BURIAL 3/16/84 Arbutus Mem. Pk. Arbutus, COUNTY MUE.	-		9 de 11 6	110		2001 574	1 House St	Rutho	wand 220
BURIAL 3/16/84 Arbutus Mem. Pk. Arbutus, county Mu.	- 4		C CULTURE (14000000	10a 1111	07 7 7 7 000
24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR'S SIGNATURE 14 802	+	22. D	LIDIAL COCALATIONS DESCRIPTION	1 22k DATEL		CALETERY OR CREALATORY	224 LOCATION		
TAN DATE RECIDITION TO STAND THE STAND REGISTRANT SOUNATURA AND THE STANDARD REGISTRANT SOUND REGISTRANT REGISTRANT REGISTRANT REGISTRANT REGISTRANT REGISTRANT REGISTRANT REGISTRANT REGISTRANT REGISTRANT REGISTRA	1							COUNTY	M'a".
Wm C March F/H Inc. 1101 North Avenue 3 1 4 1984		(BURIAL			is Mem. Pk,	Arbutus,		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



r. poge 3 fter death degith certificate below existed within 24 hours offer death. Page 4 may be TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physeian and completely should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 shwith the State Dept. of Health and Merital Hygiene prior to burial, premotion, by remotion, by remotion. If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical axioms in MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical axioms in the contraction of the con TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the haspital or ottending physician.

STATE OF MARYLAND FOR

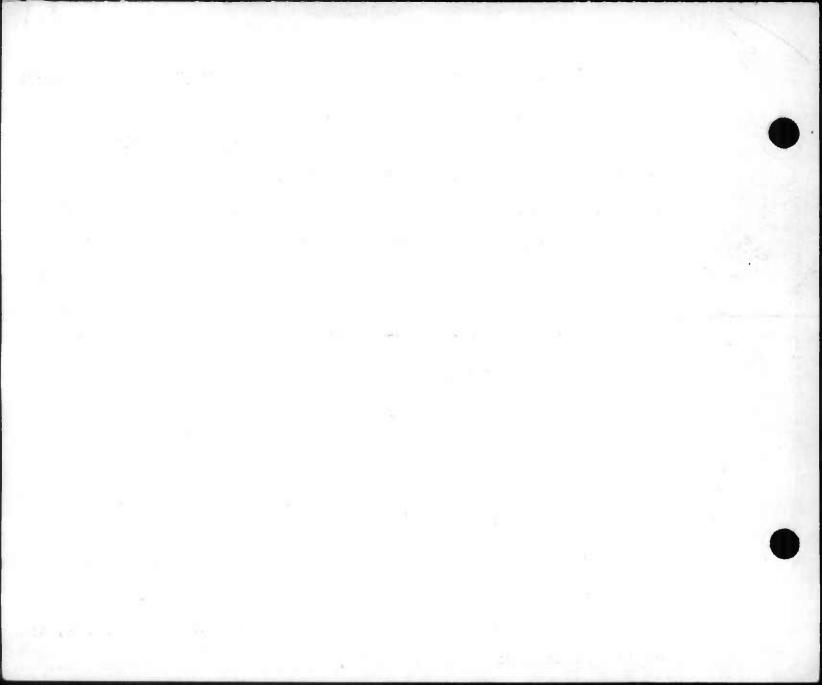
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	1 -	STATE REGISTRAR				CERTIF	ICATE OF DE	ATH	REG. NO	0.			
ı		EASED NAME	FIRST	,	MIDDLE	l.	AST			MONTH	DAY YEAR	2b. HOUR	
	(TYPE)	OR PRINT)	Car	01	Denise		Seets		03/16/				23JP
1	3. SEX		4	RACE		5. DATE C		VK A D	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24	4 HRS
4	2	Female		Cauca	sian	Sept		1963	20	YRS.			
d		RTHPLACE (STATE C	OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	D NEVERMA	DOLED IV	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
4	7	Marylar	nd	US	A	WIDOWE		RCED	Baltimo	re	City		MD.
1	JE CIT	Y OR TOWN OF D		1. NAME OF H	HOSPITAL, NURSIN	IG HOME C			120 USUAL OCCUPATE			OF BUSINES	
3	Ę	Baltimor	e .	The J	ohns Ho	pkin	s Hosp:	ital	(TYPE OF WORK FOR MOST O	F WORKING L	INDUSTRY	'A	
7	SUA 13a. S	L RESIDENCE (IF NO	IRSING HOME OR C		GIVE RESIDENCE BEFORE				10 STREET ADDRESS	/ 71D COL	>r		
1		rvland		timore			13d INSIDE CIT	IOX	13e STREET ADDRESS / 4412 Sco	tia	Road	2122	7
5		THER'S NAME	Dai	0111101	Barrbao	******	15. MOTHER'S A			-			<u>'</u>
7		Tohn	Melv	iDDLE .	Soota	Jr.	Bo-	ttv	Joan			vev	
4	160 W	John AS DECEASED EVE			Seets		17 INFORMAN		ADDRE		nai	vey	
		ES. NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)					Coota T	30	Como c	0 41	2
1		No	N/A		220-88-	2319	Mr. Jo	OHII M	. Seets J	Γ.	Same a	- 11	_
		18 CAUSE OF DEA	ATH (Enter only	one cause per	line for (a), (b), on	d (c)			110000		BETWEEN	XIMATE INTERV	EATH
1			IMMEDIATE	/	andia	i uu	rest	MA	of CIMICAN		30	hun	<u>S.</u>
1		2050		DUE TO, O	R AS A CONSEQUE	ENCE OF	(1.	4	No.		NA	0	
1		Conditions, if or		(b)_	as are i	Nego	Mur.	DPD	HD		aa	4)	
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		underlying cou	9	(c)	FML W	pat	10 MM	al be	one main	JUNT	delure	, 000	43
	_	PART 2 OTHER SI	GNIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT		O THE FERMI	NAL DISEASE OR CON	DITION G	IVEN IN PART I	Ia	
	ģ	alute	My	200ge	nous	lelik	Dhua	•					
1	CERTIFICATION	19a DATE OF OPER	RATION ()	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		ES, WERE FIND		12
	E								YES NO		YES 🗌	NO 🗌	
1	CE	21a. ACCIDENT WAS L		216. TIME O	FINJURY M. MONTH DA	AV VEAD	21c HOW INJU	JRY OCCURR	ED (ENTERNATURE OF INJUI	RY IN ITEM IB	PART 1 OR PART 2)		
	A.	OR CONTRIBUTING	_	H HOUR A.		19							
	MEDICAL	21d INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION		CITY OF TO		COUNTY	STA	
9	¥	WHILE NOT AT WORK	WHILE	(AT HOME, STE	REET, FACTORY, OFFICE F	ARM ETC)	STREET	en a	Z I	WN	(COUNTY	214	116
				al) ottonded th	e deceosed from	2	123	100/1	. 311	(a)	1004	, that (I) (we	e) lost
		sow the dece	ased olive on_		19 6	74 . 01	nd that in (my) (a	our) opinion d	leoth accurred on the de	ote and ha	our and from the		,
		22b. SIGNATURE	(did) (did not	view the body	ofter deoth.		DEGREE				22c. DAT	E SIGNED	
		12	Wala	N N	0	- /	(IV) AT	TENDING	MEDICAL STAI		- 31	11,18	79
Н		22d. PHYSICIAN'S	NAME (TYPE OR	PRINT			22e ADDRESS	ITSICIAN L	DIRECTOR D PHISIC	TAIN CO	- 1	, 4	
		Stelle	0	Nola.	7		TOL	Ho	dans t	100	DIVA)	
\dashv	73a R	URIAL, CREMATIO		23b. DATE	123c N	NAME OF C	EMETERY OR CR	EMATORY	123d LOCATION	7	ru u		
		Buria			10:				CITY OR TOWN	7.7	COUNTY	51A	
	74 F11	INERAL DIRECTOR	L_L	1 1/ 17	/ UT LIA	ke V	iew Mer	n. PK	Sykesvi	7 (4-10 PM-Out	ACAMAC STRAR'S SIGNA		Md_
		ac Nabb I		7 77	ADDRESS			NAA	REC'D. BY REGISTAR	on the state of	ANOIC C RAFIL	TORE	
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Catonsville.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

etained by the hospital ar attending physician.

TO HOSPITAL

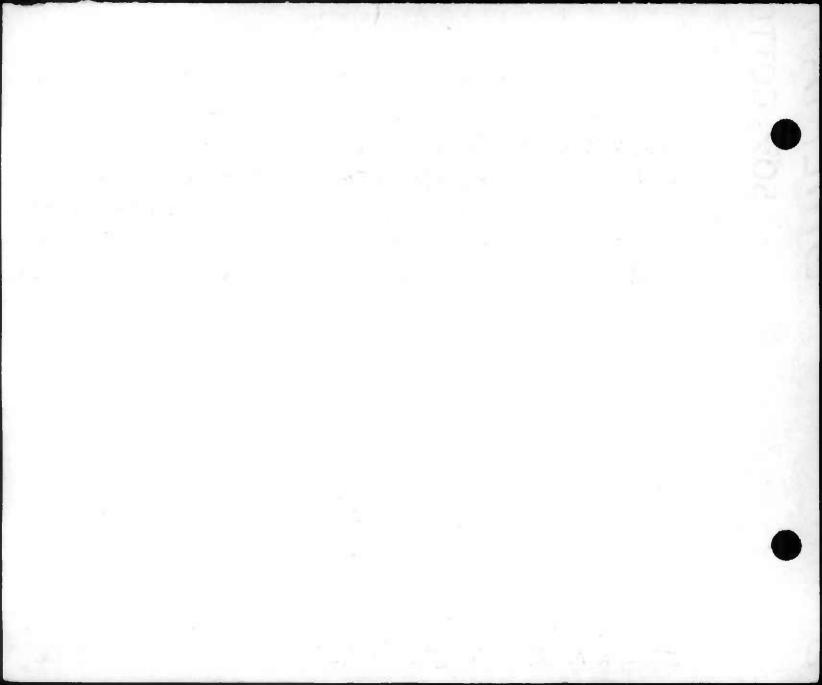
BP. DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
1. DECEASED NAME FIR		SEITE		MONTH DAY YEAR 2	HOUR 1255
3. SEX	M Rose	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THE STATE OF THE S	F UNDER 24 HR
FEMALE	CAUCASIAN	Oct. 24, 1893	90	YRS	OURS MIN
7a. BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT COUNT	MARRIED ☐ NEVER MARRIED ☐ WIDOWED DIVORCED ☐	1 7 1:5	RCOUNTY OF DEATH	γ ,
BALTIMORE	LIE NOT IN SUCH EACHITY GIVEST	PSING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O REST, EM	ON 12b. KIND OF E	ST.
USUAL RESIDENCE (IF NURSING H 130 STATE 130 MARY AND	COUNTY 13 CITY OR T	IMORE YES NO [130.STREET ADDRESS A	ZIP CODE C 1	122
John N	MIDDIE Guent		INE	EIRN	AN
160 WAS DECEASED EVER IN L	S. ARMED FORCES? 16b. SOCIAL S YES, GIVE WAR OR DATES)	1-2861 Elizabet	L Pinti	202 5. FAG	ley
PART I. DEATH WAS	nter only one couse per line far (o), (b) CAUSED BY: AEDIATE CAUSE (o)	ondical		BETWEEN ON	SET AND DEA
2028	DUE TO, OR AS A CONSE	-		31	0
Conditions, if ony, wh gove rise to immedicouse (o), stoting underlying couse to	ote	OUENCE OF			
	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN IN PART 110	
_ 0					
190 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	
210. ACCIDENT WAS UNDERLY	ING 216. TIME OF INJURY HOUR A.M. MONTH	21c HOW INJURY OCC	200 AUTOPSY? YES NO	IN CERTIFYING CAUSES O	F DEATH?
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE WHILE AT WORK AT WORK AT WORK	ING 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	YES NO	IN CERTIFYING CAUSES O YES THE IN ITEM 18 PART I OR PART 7)	F DEATH?
OR CONTRIBUTING CAUS (IF ETHER, NOTIFY MEDICALE 21d INJURY OCCURRED WHILE AT WORK 27d. I certify that (1) this Saw the decension	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF	DAY YEAR 19 216 HOW INJURY OCCU	YES NO	IN CERTIFYING CAUSES O YES TYES TO THE TENT OF PART 7) THE TOWN COUNTY	F DEATH? NO STATE
OR CONTRIBUTING CAUS (IF EITHER, NOT IFT MEDICALE 21d INJURY OCCURRED WHILE AT WORK 270.1 certify they Sow the Jeccas of above (If (we) Gird) 27b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 216 HOW INJURY OCCU	YES NO DIRRED (ENTER NATURE OF INJUINCE OF	IN CERTIFYING CAUSES O YES THE NITE OF PART 1 OR PART 2) OWN COUNTY The ond hour and from the country 22c. DATE SI	STATE
OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE VITAL THAN THE CONTRIBUTION CONT	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF it hospital) attended the deceased from the condition of the deceased from the condition of the condi	DAY YEAR 19 211 LOCATION STREET DOM 19 0 Ond that in (my (our) opinion DEGREE ATTENDING PHYSICIAN	YES NO DIRRED (ENTER NATURE OF INJUINCE OF	IN CERTIFYING CAUSES O YES THE NITE OF PART 1 OR PART 2) OWN COUNTY The ond hour and from the country 22c. DATE SI	STATE
OR CONTRIBUTING CAUS (IF EITHER, NOT IFT MEDICALE 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220.1 certify that Sow the Jeccesses, above (If (we) clid) 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF biospital) attended the deceased from did not) view the body after death (TYPE OR PRINT)	DAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 226 ADDRESS BACC 236, NAME OF CEMETERY OR CREMATOR OM	YES NO DIRECTOR DIRECTOR PHYSIC	IN CERTIFYING CAUSES O YES THE NITE OF PART 1 OR PART 2) OWN COUNTY The ond hour and from the country 22c. DATE SI	STATE STATE STATE STATE MATE



STATE OF MARYLAND

JIMIE OF MINICIPALID	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

DEPARTM	CERTIFICA			REG. N	NO.				
DLE	LAST	3.5		20. DATE OF DEATH	HINOM	OAY	YEAR	2b. HOU	R
E S	SELBY				03	05	84	7:	15 A
	5 DATE OF B	IRTH		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
E	02	22	1898	86	5 YRS	MONTHS	DAYS	HOURS	MIN.
IAT COUNTRY?	8			9. BALTIMORE CITY	OR COUN	TY OF DE	ATH		

FEMALE WHIT BIRTHPLACE ISTATE OF FOREIGN COUNTRY

4 RACE

FIDST

CLARA

Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. WIDOWED X

124 S. CALHOUN STREET,

DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

BALTIMORE CITY 12a USUAL OCCUPATION

12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

IN CITY OR TOWN OF DEATH BALTIMORE

MARYLAND

OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1130. COUNTY
1130. COUNTY BALTIMORE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MA

13d. INSIDE CITY LIMITS? YES X NO [

FIRST

13e.STREET ADDRESS / ZIP CODE 124 S. CALHOUN STREET, 21223 15 MOTHER'S MAIDEN NAME

HOUSEWIFE

MIDDLE

REBECCA

PEACOCK

4 FATHER'S NAME CHARLES

190

MEDICAL

MARYLAND

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

3. SEX

MIDDLE ALBERT

BISHOP 166 SOCIAL SECURITY NO

ANNA 17 INFORMANT

ADDRESS

21223

60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO

213-74-4508

PERZILLIAN E. GRUYIN 124 S. CALHOUN STREET

18. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY Conditions, if ony, "which gave rise to immediate couse (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	Trancis
DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO

21h TIME OF INJURY

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED N WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [

CERTIFICATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 71e PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOT WHILE 220.1 certify that (1) (the baspirol) attended the deceased from 211 LOCATION STREET

CITY OR TOWN COUNTY

saw the deceased alive on. abave, (1) (we) (did) (did nat) view the bady after death 27b. SIGNATURE

ATTENDING PHYSICIAN

and that in (my) (eve) apinion death occurred an the date and have and from the causes stated MEDICAL DIRECTOR PHYSICIAN

AVENUE

22c DATE SIGNED

22e. ADDRESS

DEGREE

LOUDON PARK

21229

HERMAN H. BAYLUS, M.D.

1600 WILKENS 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN BALTIMORE CITY

MARYLAND

BURIAL

(SPECIFY)

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

03-08-84

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

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marked or

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MPORTANT

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Mentol Hem

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detached tote Dept.

Should be detained with the State C

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24 FUNERAL DIRECTOR

236. BURIAL, CREMATION, REMOVAL

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR S.SIGNATURE

31.7				
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wire institute			.C.U	
HANDER TO THE PROPERTY OF THE	Ewes (1	we hillian .		1.00e 1.50am
rest. County appropria			P-T 000	COLUMN TO MAKE
20 W. S	V.02.24	aith t	1 28 HAA	ALAMID
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Wy Or	6 5	VSARI		
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		Mark Torrest		
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rak Kalen - Zeno zaskomica	CONTROL		mast.	10,57
		MINISTER KOTA	market and the second	

Joyn I day there and morning reporter

7.7

A STAN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the haspital ar attending physician.

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	12	6

' -	REGISTRAR			CERTIF	FICATE OF DEATH		REG. NO.		
	CEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF D		DAY YEAR	10.110.011
	Eugene		H.		haw	3/4	184		255 AM
3. SE	Male	4 RACE		5. DATE (W. 40		MONTHS DA	YS HOURS MIN.
	RTHPLACE (STATE OR FOR COUNTRY)		EN OF WHAT COUNT $\mathbf{S} \cdot \mathbf{A}$.	RY? 8 MARRIE	DED DIVORCED		imore	INTY OF DEATH City	MD.
Ва	ITY OR TOWN OF DEATH	Me	CCY HOSP	ireet ADDRESS)	OR OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK F Emple	OR MOST OF WORK	ING LIFE) INDUST	OF BUSINESS OR RY
13a. S	AL RESIDENCE (IF NURSING STATE 15	Baltimo	13c. CITY OR 1	IOWN	134 INSIDE CITY LIMITS? YES NO XX	13e. STREET AC 1938	Cedar	Lane	21222
L	ATHER'S NAME PIRST	W.	Sha	aw.	15. MOTHER'S MAIDEN NA FIRST Sarah		WIDDLE		wink
	VAS DECEASED EVER IN	U.S. ARMED FOR		ECURITY NO.	17. INFORMANT		ADDRESS19	38 Ceda:	r Lane
No		(W TES, OTTE TAK ON E		-5581	Anna M. Shav	V		lto. MD	
CERTIFICATION	couse (a), stating underlying couse PART 2. OTHER SIGNII 19a DATE OF OPERATION	lost.	ONS CONTRIBUTING	TO DEATH BUT	stic Cardio T NOT RELATED TO THE TERM ON WAS PERFORMED	200 AUTOP	OR CONDITION 25Y? 20b. I	IF YES, WERE FIN ERTIFYING CAU	IDINGS USED SES OF DEATH?
MEDICAL CERTI	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAIL (IF EITHER, NOTIFY MEDICA) 21g. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	USE OF DEATH LEXAMINER) D 21e.	TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY OME STREET, FACTORY, OFF	19	211 LOCATION STREET	RED (ENTER NATU	NO DIFE OF INJURY IN ITE.	YES	NO []
	22a.l certify that (I) (t	alive an 3	e body ofter death.	57 1.1	nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	death accurred MEDICAL DIRECTOR	_ STAFF		the causes stated ATE SIGNED - 4-84
23m 5	22d PHYSICIAN'S NAME GEORGE BURIAL, CREMATION, RE	2 Wi	Boy	er 23's NAME OF S	220 ADDRESS Mercy CEMETERY OF CREMATORY	140 3p1	tal	Ba/7	MD
Вυ	irial	3/	7/1984	Garde	ns Of Faith	Bal	timore		Marylan
	UNERAL DIRECTOR DU		Dundal	c, MD.	21222 MA		984 Jul	GISTRAR'S SIGN	NATURE N-Mandell

1		FOR STATE REGISTRAR	Baby	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENEO 7 3	7 9
		EASED NAME FIRST	INGS B-B		6 H A	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR 3 3 84 845
3 5	SEX	M	4 RACE	5 DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 H
25 70	CO	THPLACE (STATE OR FOREIGN MANY) Many and	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE WIDOWE	D NEVERMARRIED		R COUNTY OF DEATH
3/10	CIT	PORTOWN OF DEATH	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST Gall, R.J.	RSING HOME (120 USUAL OCCUPATI	
33 130	0 51	RESIDENCE (IF NURSING HOME C ATE 11.6 COU	OR OTHER INSTITUTION GIVE RESIDENCE BI INTY 13c. CITY OR T	OWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1621	Harlem & Re
30	FAT	HER'S NAME FIRST	MIODLE LAST		15 MOTHER'S MAIDEN NAM	WE	Jennings
160		AS DECEASED EVER IN U.S. A S, NO OR UNKNOWN) (IF YES, GP	RMED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRE	ss J
ar other troumotic event,		Conditions, if ony, which gove rise to immediate couse 101. stating the underlying cause lost.	DUE TO, OR AS A CONSE	VE SE QUENCE OF MOULEN OUENCE OF P.D.S			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
8 showcony injury,		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING			200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
		71a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE		DAY YEAR	21c HOW INJURY OCCURR	YES NO NO NO NO NO NO NO NO NO NO NO NO NO	YES NO RY IN ITEM 18, PART 1 OR PART 2)
MEDICAL		WHILE NOT WHILE AT WORK	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		21f. LOCATION STREET	CITY OR TOW	VN COUNTY STATE
		sow the deceased alive a	n 3-3-84 1 officient the body offer death		1184, 19 and that in (my) (our) opinion o	to 3/3/8	ote and hour and from the causes stated
		226. SIGNATURE Radial				MEDICAL STAP	72. DATE SIGNED 3/3/84
7		172d. PHYSICIAN'S NAME (TYPE:	ORPRINT) VABALI PAN	JAN	22e ADDRESS BALT	T. CITY	Hosp.
230	BL BL	REMATION, REMOVA	1 3/6 /84 1	FRANI	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	BAHIMUTE CAN
1/76	FUI	PALTIMORE C	ity HOSPITAL	4940 5 BAL	PROFERENCE MARK	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA

ALAR S. ESPA SINGE

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

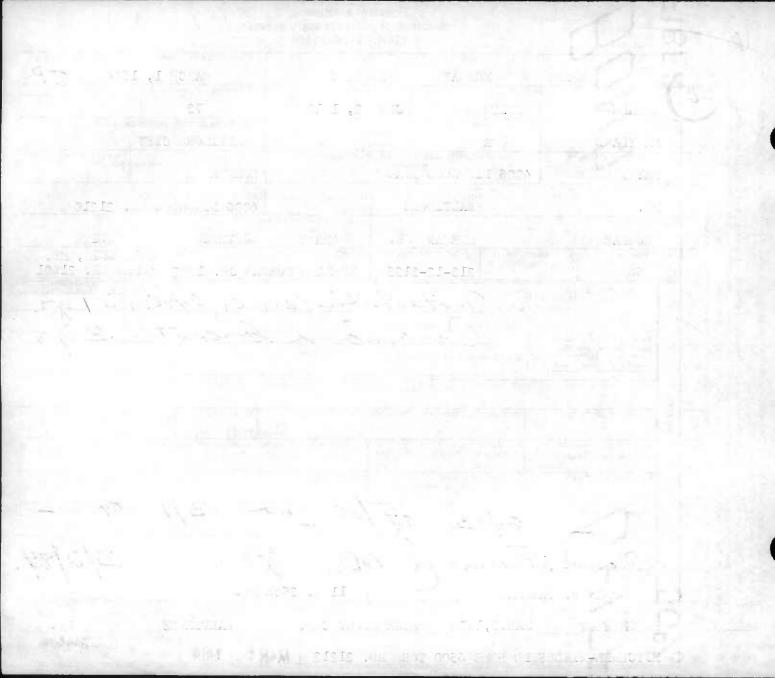
MPONTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medica

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U	7	0	8	U

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
		CEASED NAME	FIRST	A	AIDDLE	ı	AST	2a. DATE	OF DEATH MON	Н	DAY YEAR	2b. HOUR	?
٦	TYPE	OR PRINT)	MILY	Mo	ORGAN	SHE	EPPARD	_	MARCH	1,		8	PM
2	g. EX			4. RACE		5. DATE C		6. AGE	IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2 HOURS	MIN.
1		FEMALE		WHITE		JUNE	2, 1910 YEAR		73	YRS.		III GRO	200 11 41
7		RTHPLACE (STATE OR FO	ORE IGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTI	MORE CITY OR CO	יזאטכ	Y OF DEATH		
7		MARYLAND		USA		WIDOWE	ED DIVORCED	BA:	LTIMORE C	ITY			MD.
		TY OR TOWN OF DEA	TH	11. NAME OF 1	HOSPITAL, NURSIN H FACILITY, GIVE STREET LNKWOOD F	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF	AL OCCUPATION WORK FOR MOST OF WOR EMAKER	RKING LI	12b. KIND O INDUSTRY	F BUSINES	SS OR
5	13a. S	AL RESIDENCE (IF MURSII TATE MD.	NG HOME OF	OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMOF	'N	134. INSIDE CITY LIMITS?		ET ADDRESS / ZIP			.0	
20]4. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN I	NAME	MIDDLE		LAS	ī	
	-	ROWLAND		MIDDLE	MORGAN	SR.	MARY	GER'	TRUDE		WHIT	Έ	
9		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS		NAPOLIS		
	(NO	(11 123, 01)	E WAR OR DATES!	213-12-3	3135	ROWLAND MC	DRGAN .	JR. 1902	THO	MAS DR.	2140)1
		18. CAUSE OF DEATH PART I. DEATH W.	A (Enter ar	nly one cause per	be for (a), (b), on	dici.i	111		- 4	1	BETWEEN	MATE INTERV	VAL
	- 1			D BY:	meto	208	ator Ca	nce	1. Oxt	en	sul 1	w	7
		1749	IMMEDIA		0		~	_) /	1		1	
		1////		DUE TO, O	R AS A CONSEQUI	ENCE OF		10	2015	-	- 3	100	٦.
		Canditions, if any, gave rise to imm		(b)		CIN	Man de la company de la compan	10				4	14
		cause (a), stating underlying cause	g the	DUE TO, O	R AS A CONSEOU	ENCE OF						U	
				((c)									
	7	PART 2 OTHER SIGN	HEICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DIS	EASE OR CONDITION	ON GP	VEN IN PART 16	, 0	
-	CERTIFICATION		1011	Tini conin	TION LEON MAINE	ODERATIO	NAME OF DESIGNATION	120- 4	UTOPSY? 201	IE VE	S. WERE FINDIN	ICS HSEE	
1	Q.	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED		_ IN	CERTI	FYING CAUSES	OF DEATI	H?
_	ET						To how were	YES [ES 🗌	NO [
-		21a. ACCIDENT WAS UND	_	110110 4	m. Month d	AY YEAR	21c. HOW INJURY OCC	URRED (ENTI	R NATURE OF INJURY IN	TEM 18	PART T OR PART 2)		
	CAL	(IF EITHER, NOTIFY MEDIC			м.	19							
	MEDICAL	21d INJURY OCCURR	RED	21e. PLACE	OF INJURY	EARM ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	51	TATE
	Σ	WHILE NOT WH	HLE	(ATTIOME, SIT	CET, FACTORY, OFFICE,	ARM, CIC,	1	102	1	,			
		22s.1 certify that (I)	(this hosp	ital) attended th	e deceased from_	5	1/0 196	d 10_	3/		19.84	that (I) (last
		saw the decease abave, (1) (we) id	d alive ar	2/	19 19 19 19 19 19 19 19 19 19 19 19 19 1	84.0	nd that in (my) (our) opini	ian deoth occ	urred an the date a	ind ha	ur and Iram the	causes sta	ted
		22b. SIGNATURE	חם שוביים חם	or) view the body	atter death.	0	DEGREE				22c. DATE	SIGNED,	
		1	A	05		V,	ATTENDING PHYSICIAN		AL STAFF		3/	2/4	14
+	-	224. PHYSICIAN'S NA	AME (TYPE)	OR PRINT)	- and		122e ADDRESS	DIRECT	OK [] THISICIAL		1-/	0	-
1					U		11 W. 29	th ST			,	/	,
-	200	NORMAN I			122	NAME OF A			OCATION				_
		BURIAL, CREMATION,	KEWOVAL				CEMETERY OR CREMATOR		CITY OR TOWN	,	COUNTY		TATE
		ENTOMBMENT		MAR.5,	1984 GI	REEN I	MOUNT CEM.		BALTIMORE		TOANS CLONE	MD.	
	1	UNERAL DIRECTOR			ADDRESS				BY REGISTRAR 256.		Lalyason-	fandal	2
	1	MITCHELL-W	IEDE	ELD HOM	E 6500 YO	ORK RI	D. 21212 M	IAR 6	1984				



		FOR	DEBARI	STATE OF MARYLAND MENT OF HEALTH AND MENT	AL HYGIENE (3 7	2 A 1
n	1 -	STATE REGISTRAR	DET ART	CERTIFICATE OF DEAT		
25		CEASED NAME FIRST	MIDDLE	C/A OC AD S	20. DATE OF DEATH MOR	TH 2b. HOUR
noy be	3. SEX	Tani	1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	A HINDER I MAN IN BUILDED STRIBE
e 4 mi	J. SEA	FEMALE	WHITE	~AUG. 24,189		YRS.
oth. Pog	7a. BII	RTHPLACE (STATE OF FOREIGN OUNTRPOLAND	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI WIDOWED XX DIVORC		
offer de		TO OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	20. USUAL OCCUPATION	OR (ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
5 6 6	USUA	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) VN 113d. INSIDE CITY LIV	HOUSEWIFE MITS? 136 STREET ADDRESS 2	2034 WILKENS AVE.
n 24 h		190	BALTIMO	ORE YES NO	□ CENTRADONEXX	1 1H D 1 106/2 12.0
Williamship Williamship	II. FA		MIDDLE LAST	15. MOTHER'S MAIL	WIDDLE	LAST 2122
Cuted	16a. V	WOLF VAS DECEASED EVER IN U.S. AR.	WARSHOFSKY MED FORCES? 166. SOCIAL SECTION		RA DONALD B. ADDRESS SHER	UNKNOWN
n and s Page:	()	es, no or unknown) (IF yes, giv	219-18-	-6579A 259 CHA	TSWORTH AVE. RELS	
ofe b ysicia opers. val.		III. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certificate ing physici rbanpaper r remaval. ic event, th		MANEDIAT		15		
deoth cottendir		Conditions, if ony, which	DUE TO OR AS ACONSEQU	MADS (THOOL	
		gove rise to immediate couse (a), stating the		TENCENOF /		
es that the ned by the please rem urial, cremc		underlying couse lost.	(c) ACT	val Em	001.75 has	
uires the	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE OR CONDIT	ON GIVEN IN PART 110
been s mit. Th prior to any inj	ATIO	190. DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	201 AUTOPSY? MI	DO. IF YES, WERE FINDINGS USED
IYSICIAN: The low reding physicion. Is certificate has been burial-transit permit. Mental Hygiene prior tem 18 show any or tem	CERTIFICATION				YES D NOW	YES NO NO
hysicie ricate ransii Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	21c HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
SICIA ing P certif unial-them them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19 211. LOCATION		
3 PHY ittendi	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
or o or o or see os see os eolth i mark	-		tall attended the deceased from.	S (C) . 19	84.10 3/1	19 that (I) (we) last
Spitol Spitol CTOR I for u	-	sow the deceased alive on above, (I) (we) (did) (did no	t) view the body after death.	0	opinion death occurred on the dote	
at OR AT the hasp at DIRECT the blue of th		22b. SIGNATURE	in Roul	DEGREE ATTEN PHYSI	IDING MEDICAL STAFF	221. DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL IS should be deto with the Store I IMPORTANT: If		22d. PHYSICIAN S NAME	RPRINT) PAUL	MS SING	AI HOSPITA	LOF BALTO.
Of Of Water	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	MAD 11 100	NAME OF CEMETERY OR CREM	ATORY 23d. LOCATION	COUNTY STATE
BP			1	WORKMEN CIRCLE	BALTIMORI	E MARYLAND
DHMH - 16 50M 4/82 (VRA 15, 4)			EVINSON & BROS.	,INC.	MAR 1 4 1984	REGISTRAR'S SIGNATURE DE LUNA DAMINOSON
(VKA 15, 4)	6	010 REISTERSIUM	N RD. BALTO., MD	21215	ואוחוו - ד ווחואו	

DALLIMUKE MILJ VILLEN THE REAS INC.

O HOSPITAL OR ATTENDING PHYSICIAIN. The law requires that the death certificate be executed within 24 hours after some. Page 4 in estained by the hospital or afterding physician.	within 24 househard with Page 4 :	100
TO FUNERAL DIRECTOR: After this certificate has been lighted by the attending physician and completely illed in by described in the should be detached for use as the buriol-trainil permit. Then please certachopapers. Pages 1 and 2 thould be light upon a flourish with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.	id 2 should be led water to hour off	- 10

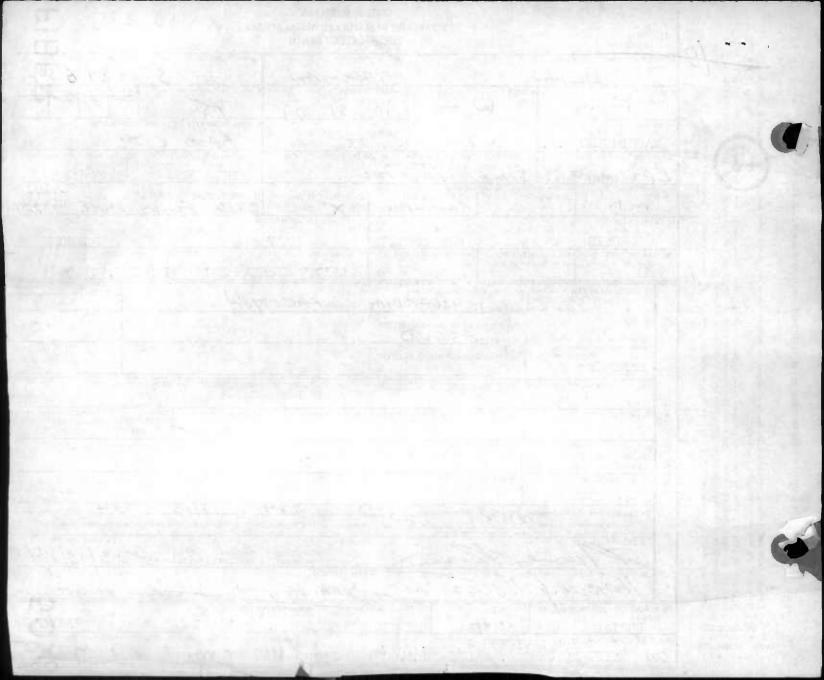
STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CEASED NAME FIRST	MIDDLE	LAST	oT .	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(11112	LILLIAN		SHO	erman		3	1384	6:35
1. SEX		4 RACE	S. DATE OF		6. AGE (IN YEARS LAST BE	(YACHTI	IF UNDER 1 YEAR	IF UNDER 24 H
	FEMALE	$\sim_{ m HITE}$	MONTH 10	31 09	75	YRS.	MONTHS	HOURS
	RTHPLACE (STATE OR FOREIGN 7	76. CITIZEN OF WHAT COUNTRY?	8		9. BALTIMORE CITY		YOFDEATH	
	VASHINGTON, D.C.	USA	WIDOWED	NEVER MARRIED XX DIVORCED	BANT	C-12	74	
_		11. NAME OF HOSPITAL, NURSIN	NG HOME OR		12a USUAL OCCUPAT			OF BUSINESS
R		(IF NOT IN SUCH FACILITY, GIVE STREET			HOUSEWIFE	OF WORKING L		HOME
HOUA	AL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	F ADMISSION)			381	2 1	PT. 10
134 5			/N 13	YES NO []	13e STREET ADDRESS	ZIPCOD	EMNE	212I
TA FA	THER'S NAME	Dirair		15. MOTHER'S MAIDEN N		11000	0111	- AAAA
100	FIRST	AIDDLE LAST		FIRST	MIDDLE			ST
	LOUIS	RUBEN		MARY	ADDR	rce	UN	IKNOWN
{YI		MED FORCES? 16b. SOCIAL SECU WAR OR DATES)	JRITY NO.	17. INFORMANT				
	NO			ELLIOTT SHE	ERMAN 2814 S	MITH		209 XIMATE INTERVAL LONSET AND DE A
	7100	DUE TO, OR AS A CONSEQU	ENCE OF					
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	ENCE OF					
ICATION	gove rise to immediate cause (a), stating the underlying cause lost	(6)	DEATH BUT N		20a. AUTOPSY?	20h. IF YE	S, WERE FINDI	INGS USED S OF DEATH?
RTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUION (c) ONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH	DEATH BUT NO	WAS PERFORMED	200 AUTOPSY? YES NO NO	20h. IF YE IN CERTI	S, WERE FINDI IFYING CAUSE ES []	INGS USED
AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D.	DEATH BUT NO		200 AUTOPSY? YES NO NO	20h. IF YE IN CERTI	S, WERE FINDI IFYING CAUSE ES []	INGS USED S OF DEATH?
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH 1. DECEASED NAME MONTH 2b. HOUR TYPE OR PRINT 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3. SEX MONTH YEAR Female White 28 1949 4 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia Baltimore City U.S.A. WIDOWED DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Baltimore City Hospital Dependent USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13e STREET ADDRESS CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Edgemere 6608 North Point Road 21219 NOX 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE Blanche Shifflett Shifflett Warner Μ. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 212-60-3547 Blanche M. Summerfield Same as 13e 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER 19 211 LOCATION 71d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this hospital) ottended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE 22c. DAJE SIGNED 226. SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (KYPE OR PRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION REMOVAL 23b. DATE Buria]

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Wise Avenue (VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

3/16/1984

Dundalk, MD. 21222

Gardens Of Faith

Baltimore

(VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carbonpopers. Pages I and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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MPORTANT: If them 21 is marked or Item 18 shaws any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGICHE

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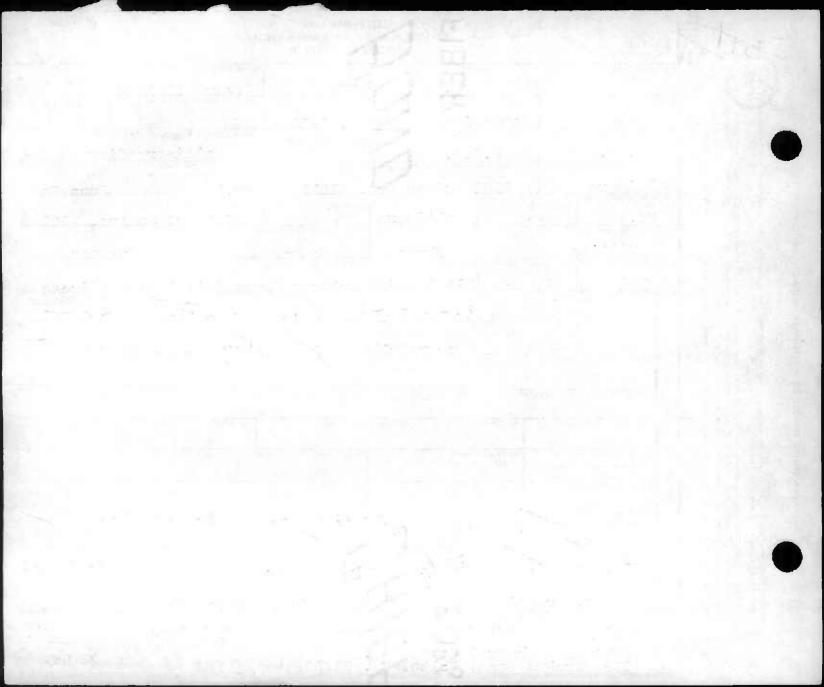
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73e R	URIAL CREMATION				73r NAME OF C	EMETERY OR CE		23d LOCATION	TTAE		
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24 FL	NERALDIRECTOR NASCHIMI	unek	Funera	al Hom	e, Inc			E REC'D. BY REGIST			
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DHMH - 16 50M 4/83 (VRA 15, 4)

^{24 FUNERALDIRECTOR}munek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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11	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0		
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(4)	Benjamin	WIDDLE	Siatkow	uki	Mary March	ME		Budzik	т
	WAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	220-03-		17 INFORMANT Amelia Siath	Rowski 353	SS		eet
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1	22a. L certify that the sow the deceased a above. (1)(we) (did). 22b. SIGNATURE	live on	7 19 9	84.0	nd that in (n) (our) opinion DEGREE ATTENDING PHYSICIAN 27e. ADDRESS	deoth occurred on the d	ote and hour		SIGNED
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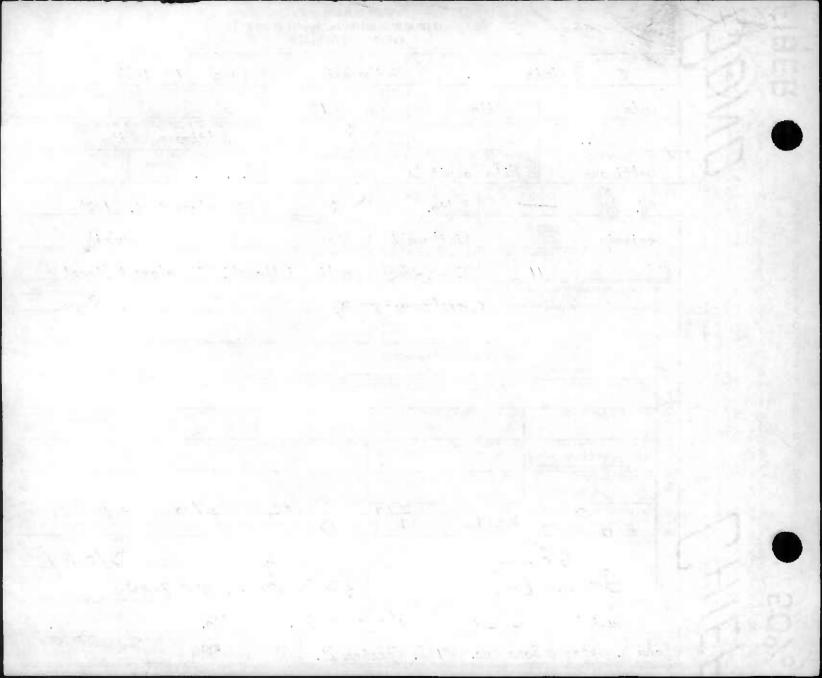
DHMH - 16 50M 4/83 (VRA 15, 4)

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etoined by the hospital or attending physician.

John Weber & Sons Inc. 400 PRESS. Chester St.

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FOR - STATE

Johnson 8521 Lcoh

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7		COUNTRY)	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	/? 8 MARRIE	NEVER MARRI	ED 🗆 19	BALTIMORE CITY O	R COUNTY O	FDEATH		
-		Ohio		U.S	. A .	WIDOWE			Baltimor	e Cit			MD.
		ty or town of Baltimo		(IF NOT IN SUC	HOSPITAL, NURS THEACILITY, GIVE STRE Samari 1	ET ADDRESS)	ROTHER INSTITUTE Spital		20 USUAL OCCUPATE TYPE OF WORK FOR MOST O Housewif	WORKING LIFE	126. KIND C INDUSTRY Hon		ESS OR
5	130 S	residence (# ryland	13b COUN			ORE ADMISSION)	13d. INSIDE CITY LIA YES NO	AITS?	810 Pete	ZIP CODE	.d 2;	1087	,
1	14 FA	THER'S NAME		MIDDLE	TAST		15. MOTHER'S MAIL		MIQDLE		LAS	7	
	P.	Alvir	n	Mobile	Sell	Ls	Sylvia	a	Marie		Brya	an	
5	Ida W	AS DECEASED E	VER IN U.S. AR		166 SOCIAL SEC	CURITY NO.	17 INFORMANT		ADDRE	SS	2	2108	37
	{ Y	Yes	" W.W	e WAR OR DATES)	301-14	-3293	William	A. S	Siegrist	Kings			
			EATH (Enter or H WAS CAUSE		line for (a), (b), a		11100 00	CIN	CNT		BETWEEN	MATE INTE	RVAL D DEATH
		47111	IMMEDIA		TEERS C	DUASC	ULAR AC	LIVE	- 1		-		
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		Conditions, if		(b)							_		
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		- / 3		(c)_									
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2	CERTIFICATION	2-14	-84		TIC AR		TIS		20a AUTOPSY?	20b. IF YES, V IN CERTIFYII YES			TH?
	E	21a. ACCIDENT WA] 216. TIME C	OF INJURY			OCCURRE	O (ENTER NATURE OF INJUR	Y IN ITEM IS PAR	I OR PART 2)		
7		OR CONTRIBUTING		SIR.	.m. month .m.	DAY YEAR							
	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY		21f. LOCATION		CITY OR TO	WN	COUNTY		STATE
	Σ	AT WORK A	T WHILE	(A) HOME ST	REET, FACTORY, OFFICE	E, FARM ETC }	SINCE						
		220.1 certify tho	t (I) (this hosp		ne deceased from		3, 19.	84	, to 3 · 8	. 19	84	that (1)	(we) last
		saw the dec above, (1) (ceased alive on	7 view the body	ofter death.	84 , on	d that in (my) (opinion de	ath occurred on the do	ote and hour a	ind from the	couses st	toted
		22b. SIGNATURE	cCt	foclib	ere		DEGREE ATTEN	DING X	MEDICAL STAF		3.	SIGNED	34
		22d PHYSICIAN	S NAME (TYPE O		-0	04.7	22e. ADDRESS				1		
		MARC	C . t	tochb	E126,	MD	Good S	Samai	ritan Hos	pital	323-2	2200)
		URIAL, CREMATI	on, removal	23b. DATE	236	. NAME OF C	EMETERY OR CREMA		23d LOCATION		COUNTY		STATE
		urial		Mar.	12. 84	Westm	inister	Ceme	tery West	minis	ter.	CA	
		INERAL DIRECTO			ADDRESS			25a. DATE F	REC'D. BY REGISTRAR	256 REGISTRA	P'S SIGNA	DRE-	1 7
	Wi	lliam 1	E. Joh	nson 8	521 T.C	oh Raz	zan Blazd	MARC	1 HORA	Mary Mary	WOLL A-NO	SPACE	Mary .

Raven

DHMH - 16 50M 4/83 (VRA 15, 4)

William

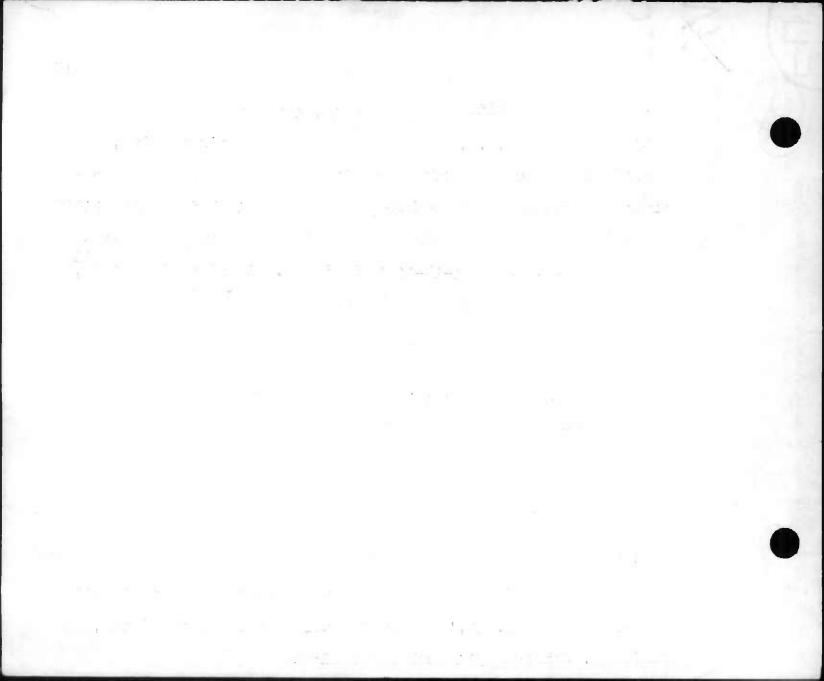
E.

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

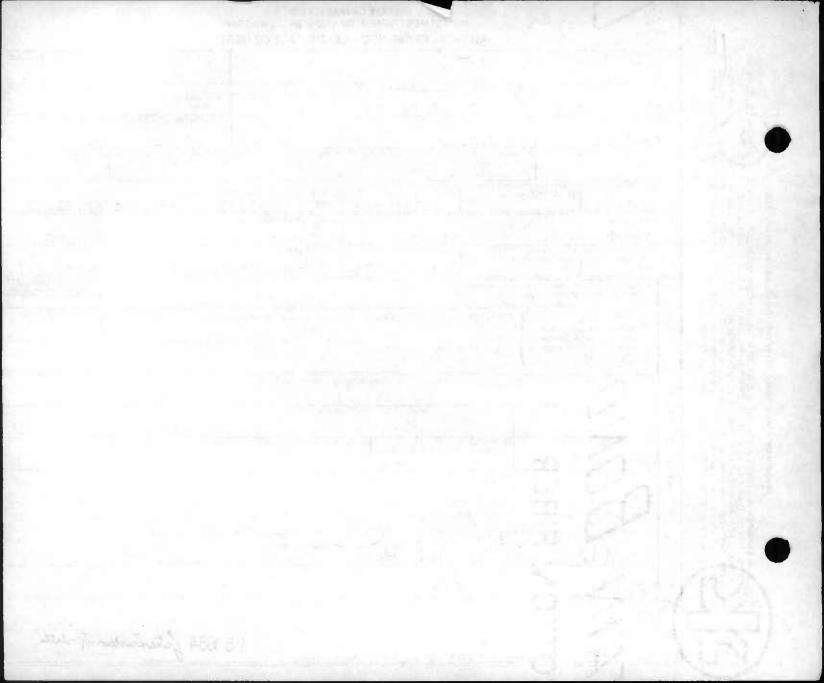
retained by the hospital ar attending physician.

If them 21 is marked or them 18 shows any injury, ar other traumatic event, the



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	AT Z B S
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DRAFFLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 10 HET PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN HARE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEINE, DIVISION OFWITAL RECORDS 2018 BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION, OR REMOVAL.

1		OR STATE			EPARTMENT	OF HEALTH	ARYLAND AND MENTA		1 3 8	8		
	R	EGISTRAR		MED		AINER'S	CERTIFICATE	OF DEATH	REG. NO			
		EASED NAME	FIRST		WIDDLE		LAST	2a [OF ESTI-	MONTH DA	Y YEAR	25 HOUR
			John	М.		Si	mmons	D	EATH MATED	3-14	1984	M
3	SEX	4. R.	ACE	S DATE OF BIRTH		(IN YEARS IF UN		DER 24 HRS. 2c.	DATE	MONTH DA	Y YEAR	7:22
1	Ma	le 1	Black	7 23	06 78	YRS.	HOURS	MIN. PRO	DEAD	3-14	1984	a. M
	a. BIR	THPLACE (STATE (76. CITIZEN OF WH	AT COUNTRY?	8. MARR	IED NEVER MA	ARRIED 7 B	ALTIMORE CITY OF	COUNTYO	FDEATH	
		rginia		U.S.	Α.	WIDOV		ORCED X	Baltimore	e City.		MD.
10). CIT	Y OR TOWN OF	DEATH	11. NAME OF HOSE	ITAL, NURSING H		ER INSTITUTION		OCCUPATION (TYPE	OF WORK 12h.	KIND OF BU	
1]	Baltimore	e /		W. Sarat		eet	POR MOST	OF WORRING LIFE)		OK INDUSTR	
U	SUA	RESIDENCE (IF IN	NURSING HOME OR	OTHER INSTITUTION, GIV			13d. INSIDE CITY LIMIT	57 13e. STREET	ADDRESS			
		rvland	I'M COONI			imore	YESKIX NO		W.Sarat	oga Si	t. 212	23
_	-	THER'S NAME				LINOLO	15. MOTHER'S MA			-94 0		
6		Jacob		MIDDLE	Simmons	e	Loui		WIDDLE	Sir	nmons	
10	be. W	AS DECEASED EV			16b. SOCIAL SEC		17. INFORMANT		ADDRESS		10110115	
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1	z	TAKE Z OTNER SIGNIFF	CANT CONDITIONS C				E OK CONDITION GIVEN I	IN PAKI I a				
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1	Š	THE DATE OF OR	KATION	179. CONDIT	ON FOR WHICH	OFERATION W	AS PERFORMED!			20		
1	Ē	21a EXTERNAL C	ALICE WAS	21b. TIME OF	IN II IDV	In. ii	OW INTUING CO.	0050			YES 🗌	ио [Х]
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	Š	CONTRIBUTING [CAUSE OF D	P.M.		9	CATION		-			
	MED	21d INJURY OCC	OT WHILE		FINJURY (AT HO DRY, FARM, ETC.)		CATION STREET	сп	Y OR TOWN	COUNTY		STATE
ı		AT WORK AT	WORK									
1		22a. I certify th	at I taak charge	of the remains defo	ribed abave, held	on Autop	sy . Inspe	ection . Ir	nquiry XX, and	in my apiniar	1	
Ł		death resulted	om: Nature	al couses .	Accident	Spicion	, Hamicide	, Undetermi	ned manner,			
1		1	1	AL.	2/27	11	TITLE (SPECIFY	′)				
		SIGNATURE	lung	0X// M	you 1	un"	Assista	nt_MEDICAL	EXAMINER	DATE SIGNED	3-14	-84
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		EXAMINER'S NAME (TYPE OR PRINT)	ne Den	nis F. Sm	yth, M.D).	ADDRESS	111 Pe	nn Street			
2		RIAL, CREMATION			23c. NAME O	F CEMETERY C	OR CREMATORY	23d. LOCAT	TION	COUNTY	CT	ATE
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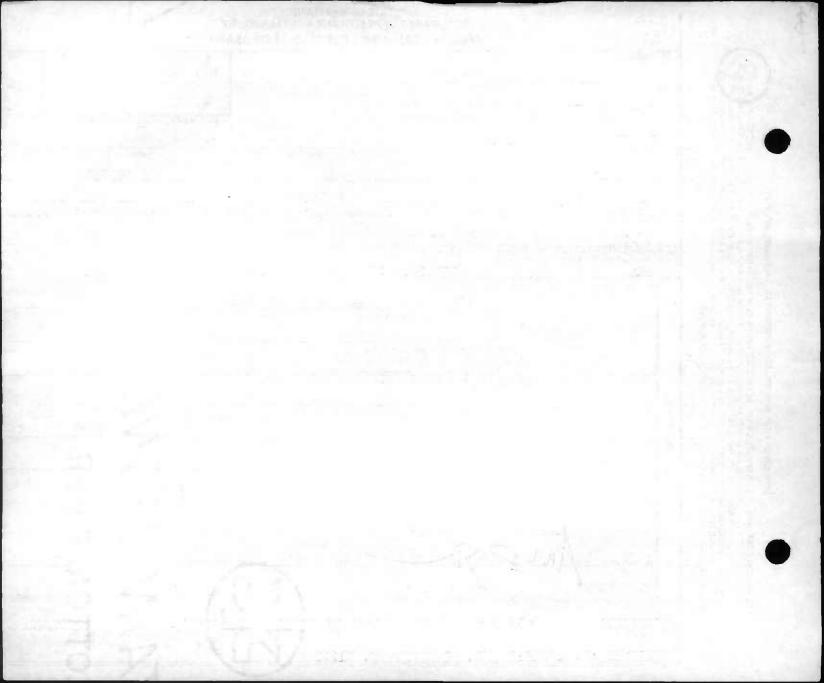
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	1 - 5	FOR STATE REGISTRAR			EPARTMENT C					TH	REG. NO.	4		
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ŀ	3 SEX		4. RACE	5 DATE OF BIRTH	6. AGE (1	N YEARS IF UN	NDER I YR.	IF UNDER 2	24 HRS.	2c DATE		ОНТН	DAY YEAR	2d. HOUR
4		MALE	WHITE	3/21/190	YEAR LAST BIR			HOURS	MIN.	PRONOUNCED DE AD		3 1	5 1984	12-18
Ы	/a. BIR	RTHPLACE (S	TATE OR	7b. CITIZEN OF WHA	AT COUNTRY?	8. MARR	IED XNEV	ER MARRIE	D 0	9. BALTIMORE	CITY OR C	OUNTY	OF DEATH	
		RGINIA		U.S.A.		WIDOV		DIVORCE		Baltim				MD.
1	III. CIT	y or town Baltim		,	ITAL, NURSING HO ILITY, GIVE STREET ADDRE HOSPITAL		ier instituti	ION :	FOR M	AL OCCUPATION OF WORKING	(IFE)		OR INDUS	SUSINESS
7	USUA 13g. ST	L RESIDENCE	(IF IN NURSING HOME OF	ROTHER INSTITUTION, GIVE			had, inside cit	v	11. CTOE	ET ADDRESS	2,2			
	MAI	RYLAND			BALTIMO		YES 🔀	NO 🗌	222		JL PLA	CE_Z	APT. 19	
η	14 FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER	R'S MAIDEN	N NAME	MIDDLE			LAST	21202
4		HOWARI			TYREE		MAU				DDDEEC	U	NKNOMN	
П	16a. W	S. NO, OR UNKNO	D EVER IN U.S. ARA	VAR OR DATES)	16b. SOCIAL SECU		17. INFORM.	ANI		A	DDRESS			1.0
ı	17	NO			261.28.8		RAYMO	ND L.	SIM	MONS S	SAME A	S 1		
	9	18 CAUSE O	F DEATH (Enter onl	y one cause per line fo									BETWEEN ON:	SET AND DEATH
1		470		E CAUSE (a) AL	terioscle		cardio	ovasci	ular	diseas	е			
-1		12	12	DUE TO, OR A	AS A CONSEQUEN	CE OF								- 1
-		gave ri	ns, if any, which se to immediate	(b)										
1		cause (a) lying cau) stating the <u>under-</u> use last.	DUE TO, OR A	S A CONSEQUEN	CE OF								
П				(c)										
	NO	PART 2 OTHER SI	IGNIFICANT CONDITIONS C	ONTRIBUTING TO OFATH BU	JT NOT RELATED TO THE	TERMINAL OISEAS	E OR CONDITION	GIVEN IN PAR	T 1 (a).					
7	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b CONDITIO	ON FOR WHICH O	PERATION W	AS PERFORM	AED?				10	20 AUTOPS	Y?
	IFF												YES 🗌	NO X
9	CER		AL CAUSE WAS	21b. TIME OF I	INJURY MONTH DAY Y		OW INJURY (OCCURRED) (ENTER N	ATURE OF INJURY I	N ITEM 18 PART	1 OR PART	2	
	AL	UNDERLYING	G □ OR NG □ CAUSE OF D		MONIH DAT 1									
	EDIC	21d. INJURY C			FINJURY (ATHOM		CATION							
	¥	AT WORK	NOT WHILE	STREET, FACTO	DRY, FARM, ETC.)		STREET			CITY OR TOWN		COUN	NIY	STATE
		22a I certi	ify that I took charge	e of the remains descr	ribed obove, held o	n Autap	sy	Inspection	X.	Inquiry	, and in	туары	nian	
		death result	ed fram: Natur	al causes X	Accident,	Suicide	, Hamici			ermined manne	, [].			75.00
	3	Salles V	h	00	2		TITLE (SP							
	A STATE OF THE PARTY OF THE PAR	ACTUAL SIGNATURE.		MY	0	N	ASSI	istan	t MEDI	CAL EXAMINE	R	DATE SIGNED	3-15-	84
M		EXAMINER'S	NAME Ann	M Divido	M D		1.	11 Do	C	L Del	Lo 1	L.V.	21201	
-		(TYPE OR PRI	- /	M. Dixon,						t., Bal	LU.,	Ma.	21201	
	(5)	PECIFY)	TION, REMOVAL 2		23c. NAME OF				CITY	CATION OR TOWN		COUNT		STATE
		EMATION JNERAL DIRECT		3/16/1984	GREEN	MOUNT				TIMORE REGISTRAR []	SE DECISTO	AP'C CL	MARY	
		NAME		ACORESS		Jan -		MAR	16	1984	cha Dai	4dson	_fandal	2
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DHMH - 17 (VR A15 ME (5)) 20M 4/82

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STATE OF MARYLAND

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	MAIL OF ME	MILLEMINE	
EPARTMENT	OF HEALTH	AND MENT	AL-HY GIENE
CE	RTIFICATE	OF DEAT	H

1 - S	TATE EGISTRAR			VLI ARTI		ICATE OF D		THE CO	REG. NO			
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7a. BIRTH		R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8			9. BALTIMORE	CITY OF		DEATH	
COU	V A		USA		WIDOWI	D NEVER M	ORCED T	BA	LTIM	NORE	C17	Y MD.
il. CITY	OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME			120. USUAL OC	CCUPATIO	N	12b. KIND C	OF BUSINESS OR
13	ALTIMO	RE		CS 177 OF		CHAND		BAK		WORKING LIFE)	CLYV	
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	M D	138. 000		BALTIM			NO 🗍			monos	ONK	THE ILE
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1						Total I	3700	-				XIMATE INTERVAL LONSET AND DEATH
18	PART I. DE ATH	WAS CAUS	ED BY:	line for (a), (b), on						Part of	BETWEEN	ONSET AND DEATH
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	030		DUE TO, O	R AS A CONSEQU		-06.						
	Canditions, if on gave rise to in		(b)	-	21	EPSIS						
	ouse (a), stat		DUE TO, O	R AS A CONSEQU	ENCE OF							
			((c)									
	-			ONTRIBUTING TO			O THE TERM	IN AL DISEASE (OR COND	ITION GIVEN	IN PART 1:	0
5	DATE OF OPER		onyotera	ITION FOR WHICH			LAFD	20a AUTOP	cva	20b. IF YES, W	/EDE EINIDA	NICE LICED
CERTIFICATION	a DATE OF OPER	ATION	MB COND	ITION FOR WHICH	OPERATIC	IN WAS PERFOR	WED	ZUG AUTOP	51?			S OF DEATH?
E _									NOT	YES [NO 🗌
	OR CONTRIBUTING		21b. TIME O		AY YEAR	ZIC HOW IN	UKY OCCUR	RED (ENTER NATU	RE OF INJURY	IN ITEM 18 PART	1 OR PART 2]	
S L	(IF EITHER, NOTIFY MEI	DIC AL EXAMIN	P.	M.	19							
G 21	d INJURY OCCU		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, 1	FARM, ETC)	211 LOCATIO STREET	N		CITY OR TOW	/N	COUNTY	STATE
	WHILE NOT V	ORK										24.7
22				e deceased fram_	01	127	19 89	, to U 3]	17			that (I) (we) last
	saw the decea abave, (I) (we)		n 03 at) view the body	after death.	04.0	nd that in (my) (our) opinion (death occurred	on the dot	te and hour or	nd from the	causes stated
22	b. SIGNATURE					DEGREE			-		22c. DATE	SIGNED
		an	d 84	my my			TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI		3/1	7/04
22	d PHYSICIAN'S	, ,				22e. ADDRESS	2.60		7.57			J EALL
	DA	OIV.	SCHAN	mr md		22	S. Gra	cene s	7 .	BALTO	o. mi	0.21201
	RIAL, CREMATION	, REMOVA	L 23b. DATE	23ε.	NAME OF C	EMETERY OR C	REMATORY	23d. LOCAT				
(SPE	Rizera 1		2/27	101				CITY OR	IOWN	_	OUNTY	STATE

DHMH - 16 50M 4/B3

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filled in by the function director, page 3 and by filed within 72 hours after death

njury, ar ather traumatic eve

MPORTANT. If Hem 21 is marked or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending ishauld be detached far use as the burial-transit permit. Then please remave carban with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar ree

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

etained by the haspital ar attending physician.

(VRA 15, 4)

Burial | 3/
24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Aye,

PREGISTRAR 750 REGISTRAR'S SIGNAUME MD 1984 Juna Jandson Kandele

PULFILED. MARY W. P. STEER A. STEER A. the profit CHARLESTON AS ITTERMEDIA Car Don't Legen 1 4158 X MILLIAND WAY . . . The state of a set of the same appropriate 6/2908 STATE CONTRACT BUTCHER SECTION files to fall 2 - plan 4= FIRE X THEIR WAS SCHOOL IN SURE S. E. SHOWING WARTER

TO HOSPITAL OR ATTENDING PHYSICIAN: The low attending physician.

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 D	DECEA	SED NAME	FIRST		MIDDLE		LAST			20. DATE O	F DEATH	MONTH	DAY	YEAR	2b. HOUF
	YPE OR P		TIME				TATO					3	7	34	12.
	rew.		IRMA	4 RACE			SINE DATE OF BIRTH	4		6 AGE (IN	YEARS LAST BIR		IF UN	IDFR I YEAR	IF UNDER
3. 5	SEX	Female		Whit		J. L	MONTH	DAY YE	AR		TEMNO ENGI ON			HS DAYS	HOURS
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2	COOK	Marylan	d	US	A		DOWED X	DIVORCE		BAL	TIMOR	E MC	TTY		
10.	CITY	OR TOWN OF DE		11. NAME OF	F HOSPITAL,	NURSING H	OME OR OTH	EN INSTITUTIO	NC	12e. USUAL	OCCUPATION FOR MOST C			26. KIND O	F BUSINE
	BAI	LTIMORE				NE MORIL	AL HOSE	ITAL			tired	A. MOWKING		Hedwi	in Co
Us	UAL R	RESIDENCE (IF NUE		OTHER INSTITUTIO	N, GIVE RESIDE	NCE BEFORE ADMI	SSION)	SIDE CITY LIM	AUTCO	13e.STREET	ADDDESS	/ 7IP CO	IDE.		
		ryland	13b COU	VII		or town imore	YES				Elm			21	211
		ER'S NAME			12020		1	THER'S MAID	1						
VI)	IAIII	FIRST		MIDDLE	_	LAST		FIRST			MIDDLE			LAS	ŧ
1		Charle		Α.		rown		Edna	l		M. ADDRI	ECC			
160	WAS	DECEASED EVEL		MED FORCES?	I COC	IAL SECURITY		FORMANT			ADDRI	E33			
	1	NO OR UNKNOWN)			212-	-07-50]	.8 Mr	s. Aud	lrey	Bower	s 3818	8 Eln	n Av	e. 2	211_
	18.	CAUSE OF DEA	TH (Enter or	nly one couse p	er lige for to	1, (b), and (c).)							BETWEEN C	MATE INTER
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O SAME THE RESOURCE OF BURNESS OF SECURITY STATES

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital or attending physician.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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)		6		2.4

	REGISTRAR		CEICI	IIICAIL OI DEF		REG. N	0.		
	CEASED NAME FIRST	,	AIDDLE	LAST		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
1	LAWRE	NCE AL	gustine STS	OLAK		MARCH 25	1984		M 900:8
3. SE		4. RACE	5. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Male	Whis	te 8	28	77	66	YRS.	ONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.		XCX	9 BALTIMORE CITY C		OF DEATH	
1	Maryland	u.s.	MIDOV		RCED	Baltimor		1	MD.
6	Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HOME H FACILITY, GIVE STREET ADDRESS) LCN HOSPITAL		ITION	120. USUAL OCCUPATION OF CONTROL		INDUSTRY	ting
13q.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		GIVE RESIDENCE BEFORE ADMISSION 131. GITY OR TOWN Baltimore	13d. INSIDE CITY	LIMITS?	130. STREET ADDRESS	uldin	St. 21	224
14. F	ATHER'S NAME			15. MOTHER'S M		_			
	John	WIDDLE	isolak	Kath	erine	MIDDLE	\mathcal{C}	ichone	k
		RMED FORCES?	166 SOCIAL SECURITY NO.			ADDRI	ESS		
	(YES, NO PLUNKNOWN) (IF YES, G	IVE WAR OR DATES)	213-14-3616	Marie	A. Ze	Uer 924 So	wth Hi	ghland	. Ave.
	18. CAUSE OF DEATH (Enter of	inly one cause per	line for (o), (b), and (c).)					APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I DEATH WAS CALLS	FD BY.	CARKAWCARDI	OPIII.MONZ	ARY A	RREST			No. of the contract of
	4190			VI UIIIVII					
	Conditions if you which		R AS A CONSEQUENCE OF	TATEMENT	TON				
	Conditions, if any, which gave rise to immediate	(b)_	MYOCARDIAL	INFARCI	HUN				
	cause (a), stating the underlying cause tast.	DUE TO, OI	R AS A CONSEQUENCE OF						
		(c)							
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH BE	JI NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART TO	0
18	190 DATE OF OPERATION	19h COND	TION FOR WHICH OPERAT	ON WAS PERFORM	FD	20g AUTOPSY?	120h JE YES	, WERE FINDI	NGSTISED
CERTIFICATION	THE DATE OF CITERATION	17.00	, io. i you will on or exam	o · · · · · · · · · · · · · · · · · · ·		YES NOT	IN CERTIFY YES	YING CAUSES	OF DEATH?
1 1 1	21g. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY	21c. HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJU			110 []
	OR CONTRIBUTING CAUSE OF D			R					
WEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P., 21e. PLACE		211 LOCATION					
ME	WHILE NOT WHILE		EET, FACTORY, OFFICE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK		MA DA	110	0.8	NA A DI VID	75	0.4	- 17
	22a.1 certify that (I) (the Kos	pital) attended th	e deceosed from MARC		19 84	MARCH	23 , 1		that (I) (Xe) last
	sow the deceased olive a abave, (1) (XeX od) (did r	nat) view the bady	after death.	and that in (my). Dou	ir) opinian c	death occurred an the d	ate and haur	ond from the	causes stated
	27% SIGNATURE			DEGREE				22c. DATE	SIGNED
	pough	- Her	ne mo		SICIAN [MEDICAL STA			
	124 PHYSICIAN'S NAME THE	GEPRINT)		22e. ADDRESS	CHIIR	CH HOSPIT	λT		
	Joseph	Levi	no min	100 NOR		ROADWAY	21231		
23a.	BURIAL, CREMATION, REMOVA	1 13b. DATE	23c. NAME OF	CEMETERY OR CRE		23d. LOCATION			
	(SPECIFY) Burial	3-29	01	d Heart (Dundalk	. Balto	COUNTY	TAME .
24. [UNERAL DIRECTOR				25a. MA	P 2 7 mp4	REGIST	ARSSIGNA	Manda 92
1	harles S. Zeile	r & Son.	Inc. 901 S.Co	nklina St	F IAIN	11/ 6 1 130A	Junior	un luctor and	1-10-0-
				- /					

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely Illied in by the should be detached for use as the burial-transit permit. Then please remove carbonoopers. Pages I and 2 thould be filled with the State Dept. of Health and Mental Hygiene priar to burial, cremotian, ar removal.

injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or them 18 for son

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	and the same			erfor.
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				2
		17		
	Pale Jan. MAR			leira Siele Ward

1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
	DECEASED NAME SALLIE MIDE		20 DATE OF DEATH MONTH DAY YEAR
and the start of t	SEX F 4 RACE W	S. DATE OF BIRTH MONTH O 1 05 1 3	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE. MONTHS DAY
op 27 w	BIRTHPLACE (STATE OF FOREIGN COUNTRY) Viroinia 1. S.A.	MARRIED WEVER MARRIED WIDOWED DIVORCED	14-11
显视	BALTTMORE (IFNOT INSUCHED		120. USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORKING HE) 120. USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORKING HE) 120. USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORKING HE) 120. USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORKING HE) 120. USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORK IN MO
1	36. STATE 136. COUNTY 136	RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 3d/fo. YES 2 NO	130 STREET ADDRESS 4004 Ridgecrof 1 Rd
30	L FATHER'S NAME FIRST MIDDLE	Beavers 15. MOTHER'S MAIDEN N	MIDDLE
Poges 1		215-54-4423 Loretta J.	Powers - 5504 (raig Av
d by the attending physici lease remave carbonopoper ial, cremation, ar remaval. or other traumatic event, th	Conditions, if any, which gave rise to immediate	S A CONSEQUENCE OF Comple	ma, HTN le Heart block
y. Y	NO.	IRIBUTING TO DEATH BUT NOT RELATED TO THE TER	200. AUTOPSY? 200. FYES, WERE FINI IN CERTIFYING CAUS
	OR CONTRIBUTION CAUSE OF DEATH HOUR A.M.	MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2
alth and Marked ar	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	INJURY FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY
of Healt	220.1 certify that (1) (this haspital) attended the d saw the deceased alive an above, (1) (we) (did) (did not) view the body of	r death. 19	n death occurred on the date and hour and from t
her Her	22b. SIGNATURE	DEGREE	22c. DA
detac ore D	(/0	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN

STATE OF MARYLAND

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ION GIVEN IN PART 110 Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES T NO [HITEM 18 PART I OR PART 2) 21f. LOCATION CITY OR TOWN COUNTY STATE , that (I) (we) last and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 40H

2b. HOUR 25 IF UNDER 24 HRS

176. KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

BP. DHMH - 16 50M 4/82 23a. BURIAL, CREMATION, REMOVAL

(SPECHY) Burial

24 FUNERAL DIRECTOR John (. Miller Inc-6415 Belair Rd.-21206 (VRA 15, 4)

23b. DATE

baltirone i'n Vinginia V.S.I. acter-existed id. Cup latto. x 40th litrecroft 11.-21205 ripagn cavers 215-54-143 Lone ta (. overs - 5504 raig venu - 1212

2-20-4 Grandview emorial ian Blue: 4, Va.

John C. Hiller Inc-6415 Belain 4.-2128

Surial

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and c should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical

poge 3

deoth. Poge 4

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR STATE REGISTRAR		DEPARTMENT OF HI CERTIFIE	EALTH AND MENTAL, HYO CATE OF DEATH	GIENE U / S		
١	1. DEC	EASED NAME FIRST	MIDDLE	E LA	AST		MONTH DAY YE	
1		ALFRED	C	SM	NITH		3-16-84	4 730 pm
1	3. SEX		4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
-	1	MALE	BLAC	CK 4	-16-29	64	YRS.	
1		THPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHA	AT COUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OF	K COUNTY OF DEAT	n
4	M	ARYLAND	U.S.	WIDOWE		BALTIMI	ORE C	MD.
J	10 CIT	Y OR TOWN OF DEATH		PITAL, NURSING HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPATION		
	B	ALTIMORE	BON S	SECOURS	HOSP.	RETIR	(C)	
0	USUA 13a. S	L RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION, GIVE	CITY OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	, _
	M	IARYLAND	P	BALTI MORE	YES NO	2201 Ma	cryland A	we/21218
	14. FA	THER'S NAME	MIDDLE	t AST	15. MOTHER'S MAIDEN NA	WIDDLE		LAS
1	F	LFRED	C S	SMITH	FLOREN	35	HAI	RMONDY
		(AS DECEASED EVER IN U.S. AR.	MED FORCES? 16b.		17 NFORMANT	ADDRE	Alanda.	M-6
			d	213-26-3960	Minneyt	Inney,	nourales	n, ma.
		18 CAUSE OF DEATH (Enter on	ly one couse per lung	for (0), (b) and (c).)	010		BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	E CAUSE (o)	RIGIO -1	immore	ary an	rest	
		4039		ACONSEQUENCE OF		10-0	1. 6	1.
		Conditions, if ony, which	(1b)	O'STORE	myo	MANUAL	MARKE	2
		gove rise to immediate couse (a), stating the	DUE TO OR AS	A-CONSEQUENCE OF	01	1 1 .	10	
		underlying couse lost	(6)	Chimie	, leva	Tark	ine	
		PART 2, OTHER SIGNIFICANT	167	RIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	RTTio
	CERTIFICATION	1 synustr	Now.	Sivil 1	wiphera	1 Casul	product	spal
	AT	190 DATE OF OPERATION	196. CONDITION	N FOR WHICH OPERATO	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	
	Ĕ	O "				YES NO	YES [NO [
	E E	21a. ACCIDENT WAS UNDERLYING	LIGHT A 44		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I ORPA	RT 2)
}		OR CONTRIBUTING CAUSE OF DEA	NIN .	MONTH DAY YEAR				
I	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF II	NJURY	211 LOCATION	em aftio	COUNT	TY STATE
	₹	WHILE NOT WHILE AT WORK	(AT HOME, STREET, F	FACTORY, OFFICE, FARM, ETC)	10/	2/1	1 0	,
		22a.1 certify that (I) (this hospi	tol) otterded the de	eceosed from	28/ 1984		1934	, that (I) (we) lost
		saw the deceased alive dh	5114	19 1 100	nd that in (my) (our) opinior	deoth occurred of the de	ote and hour and from	n the couses stated
		Though (II (we) (did) (did) o	it) view the body offe		DEGREE		226,0	DATE SIGNEDY_
	1	Alla	Mr	N	ATTENDING PHYSICIAN	MEDICAL STAF		117/84
-		2 PHYSIC AN'S NAME (TYPE	N PRINTI		22e ADDRESS	01		101
		NUANI	A BEL	TRATU	1940 101	BALTIMO	IRE 8	FALTO
	23e. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	, /county,	4005
	()	SPECIFY! Burial	15-21-	84 Union	United Co	m. Aberlee	in Hart	and Med.
	24(FL	NERAL DIRECTOR	. 0 1	- cohere	(h 25a. DA	San mark to a commence of	256 REGISTRAR'S SK	
	IN	T.T. 4/3	allamb.	- 241 1 1.01	Mkaga BIN	NO 2 0 300A	Part South of Se	n-Randell

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

A SEA TRAIN LIBERTY RESIDENCE AND A RESIDENCE The State of the Control of the Cont

requires that the death certificate

OR ATTENDING PHYSICIAN: The

etained by the haspital or attending physician

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- /	13	K		
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-7	2	9	FSA FGM
1	W	1	Cod

REGISTRAR				CERTIF	CATE OF	DEATH	REG. N	10			
1. DECEASED NAME	FIRST		MIDDLE	U	AST		20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOU	R
(TYPE OR PRINT)	BENJAMI	N BREWST	TER SMITH				MA	RCH 8, 1	1984	10:3	35a
3 SEX		4. RACE	_	5. DATE O			6. AGE (IN YEARS LAST BI		NDER I YEAR	IF UNDER	
Male			lack	10	14	09	74	YRS		HOURS	MB
70. BIRTHPLACE (5	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	XX NEVER	MARRIED -	9. BALTIMORE CITY		DEATH		
Marylar	đ	U.S.	.A.	WIDOWE		NORCED [BALTIMORE	CITY			
M. CITY OR TOWN	OF DEATH		HOSPITAL, NURSIN			TITUTION	12a. USUAL OCCUPAT		26. KIND O	F BUSINE	
BALTIMOR		1	CAL CENT		TO MD		{TYPE OF WORK FOR MOST	OF WORKING LIFE)	NDUSTRY		
USUAL RESIDENCE 130. STATE	13b. COU	OTHER INSTITUTION. NTY	13c. CITY OR TOW	/N 1	13d INSIDE	CITY LIMITS?	13e.STREET ADDRESS				
Maryla	ndl		Baltin	nore	YESX	NO 🗌	4619 No	thwood	Dr.	212	29
14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NA	WE		t AS	i.	
Wise			Smith		M	yrtle			Brow		
I 60 WAS DECEASED			166. SOCIAL SECU	JRITY NO.	17. INFORM	ANT	ADDR	ESS			
YES, NO OR UNKNO	(IF YES, GR	E WAR OR DATES)	215 01	5033	Lill	ian B.	Smith 4	519 Nor	+ hwc	. bor	Dr
III CALISE OF	DEATH (Enter or	ly one couse per	line far (a), (b), and	dicil		1411 21	/	JIJ NOI		MATE INTER	
PART I. DE	ATH WAS CAUSE	D BY:	10.1.0	- D. /.	100000	1	rost	1	- /	MO5	DEAL
11	IMMEDIA	TE CAUSE (a)	Cardio-	FULL	norlar	7. /1/	, co .		<u> </u>	10)	
10	21	DUE TO, O	R AS A CONSEQUE	ENCE OF	2-4 /	12/1	1				
	any, which	(b)_/	NOTASKITIC		a7 C	811	(4				
cause 101,	stoting the	DUE TO, OI	R AS A CONSEQUE	ENCE OF							
underlying	cause last	(_{Ic)}									
	RSIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATE	O TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN I	N PART III	0	
19a DATE OF (PERATION	19b. COND	ITION FOR WHICH	OPERATION	N WAS PERF	DRMED	200 AUTOPSY?	20b. IF YES. W	ERE FINDIN	NGS LISEI)
E								IN CERTIFYING		OF DEAT	H?
ACCIDENT	AS UNDERLYING	21b. TIME O	E INTUINE		121. HOW !!	LILIBY OCCUP	YES NO	YES		NO [
OO CONTRIBUTE	G CAUSE OF DE		M. MONTH DA	AY YEAR	ZIC NOW II	NJURT OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I	OR PART 2)		
J# EITHER, NOT	FY MEDICAL EXAMINE	P.,	M	19							
JIF EITHER, NOT		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM FIC 1	211 LOCATI		CITY OR TO	OWN	COUNTY	5	TATE
AT WORK	NOT WHILE	, , , , , , ,			_						
22a.1 certify	nat XV (this haspi	tal), attended th	e deceased fram	March	5.	, 19_84	, to March 8	, 19.	84	that XII (ve) l
saw the	eceased alive on (we) (did) (did he	Marich &	198		d that in (Ky	(aur) opinion	death accurred on the c	late and haur an	d fram the	causes sta	ited
22b. SIGNATU	RE	ny view the body	offer death		EGREE				22c. DATE	SIGNED	
1	21 ad 0	Orx 1	11			ATTENDING _	MEDICAL STA	FF C			
224 PHYSICIA	JULIUS NIAME ITURE	NO REPUBLIC			22e ADDRE		DIRECTOR PHYSI	CIAN			
1 C	Bradl	PL N	10				ven Blvd. E	Salto Md	2121	8	
23e. BURIAL, CREMA	TION, REMOVAL	231. DATE	23€ ト	NAME OF CI	METERY OR	CREMATORY	23d LOCATION				
SEBURIA	L	3/13/					CITY OR TOWN		YTMU		FATE
24 FUNERAL DIREC		1 0/ 13/	O4 AI	. Du cu	s Men		Arbutu E REC'D. BY REGISTRAF		'S SIGNIAT	Md.	_
NAME	O.K		ADDRESS				AD A				

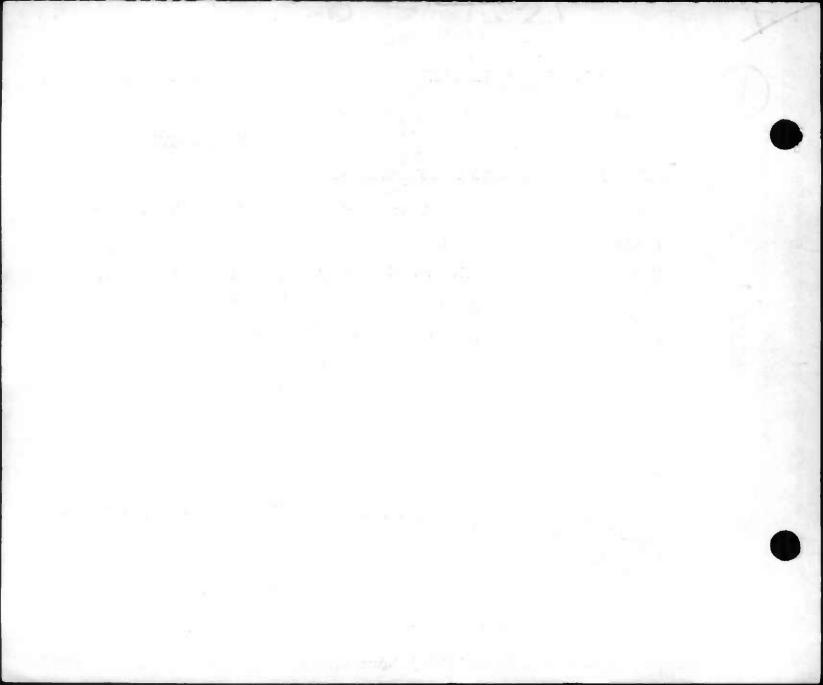
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNEFAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remove carbon paperament the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

=Wm C March F/H Inc. 1101 E North Ave

MAK 9

1984 Juna Davidson-Randall



FOR STATE

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requires that the death certificate be executed within 24 haurs after death, Page

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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						REG. NO	J.		
	CEASED NAME FIRST	M	IDDLE	LAST		2e. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
TYPE	BLAS BLAS	A SHOP	LVERTA	SMITH		0	3 4	184	12-30
. SE		4. RACE		5. DATE OF BIRTH		. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
	Pemale	Whi	te	MONTH 260AY	OIT	76	YRS.	MONTHS DAYS	HOURS M
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	HAT COUNTRY?	MARRIED NEVER	WADDIED [7]	BALTIMORE CITY O		Y OF DEATH	
	. Maryland	U.S.A.	4 - 1		VORCED	Baltimore	City	,	
10: CI	ITY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET AD Camaritan		NOITUTION	2a. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Housewif	F WORKING L	12b. KIND (INDUSTRY	OF BUSINESS
USUA	Baltimore AL RESIDENCE (IF NURSING HOME								
13a. S	aryland 13b CO		Baltimore	13d. INSIDE C	NO 🗌	30. STREET ADDRESS 2801 Berw	ick A	lve. 23	1234
)_	ATHER'S NAME FIRST EOTGE	WIDDLE	Knight		S MAIDEN NAM FIRST Sarah	MIDDLE	1	sennocl	
16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	ITY NO. 17 INFORMA	ANT	ADDRE	SS		- 17
()	YES, NO OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	212-10-51	115 Mr. C.	harles I	. Smith S	ame a	s # 13e	9
	4280 IMMEDI	DUE TO, OR	AS A CONSEQUEN	ICE OF	(D)	2 2-1			
FICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION	(c) CONDITIONS CO		J 19	TO THE TERMIN	VAL DISEASE OR CON	20b. IF YE	S, WERE FIND	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse lost. PART 2, OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO DE TION FOR WHICH C INJURY A. MONTH DAY A.	PERATION WAS PERFO	OTO THE TERMIN	NAL DISEASE OR CON	206. IF YE IN CERTIN	S, WERE FIND FYING CAUSE ES	INGS USED
WEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER. NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED WHILE AT WORK AT WORK 10 (19) (19) (19) (19) (19) (19) (19) (19)	19b. CONDITIONS CO 19b. CONDITIO	INTRIBUTING TO DE	PERATION WAS PERFO YEAR 19 211. HOW IN STREET DEGREE 222. ADDRES	ON 19 OCCURRED ON 19	AL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL PHYSIC DIRECTOR PHYSIC DIRECTOR PHYSIC DIRECTOR PHYSIC DIRECTOR PHYSIC	20b. IF YE IN CERTIL Y RY IN ITEM 18	COUNTY 19 226. DATI	STATE that (I) (we) e couses stated
WEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER. NOTHY MEDICAL EXAMINATION OF COURTED WHILE AT WORK NOTWHILE AT WORK 22a. I certify that (i) (this had saw the deceased alive of the county	19b. CONDITIONS CO 19b. CONDITIO	INJURY A. MONTH DAY A. SPEINJURY deceased from deceased from 19	YEAR 19 211. LOCATIC STREET , and that in (my) DEGREE W B 22e. ADDRES	ON 19 OCCURRED ON 19	AL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL PHYSIC DIRECTOR PHYSIC DIRECTOR PHYSIC DIRECTOR PHYSIC DIRECTOR PHYSIC	20b. IF YE IN CERTIL Y RY IN ITEM 18	COUNTY 19 226. DATI	STATE that (I) (we) I e couses stated OSPITI

Baltimore, Md.

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital ar attending physician.

(VRA 15, 4)

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and completely filled in by the

Pages .

injury, ar other traumatic event, the

JO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers: P

TO HOSPITAL OR ATTENDING PHYSICIAN: The lov retained by the haspital or attending physician should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar remoyal.

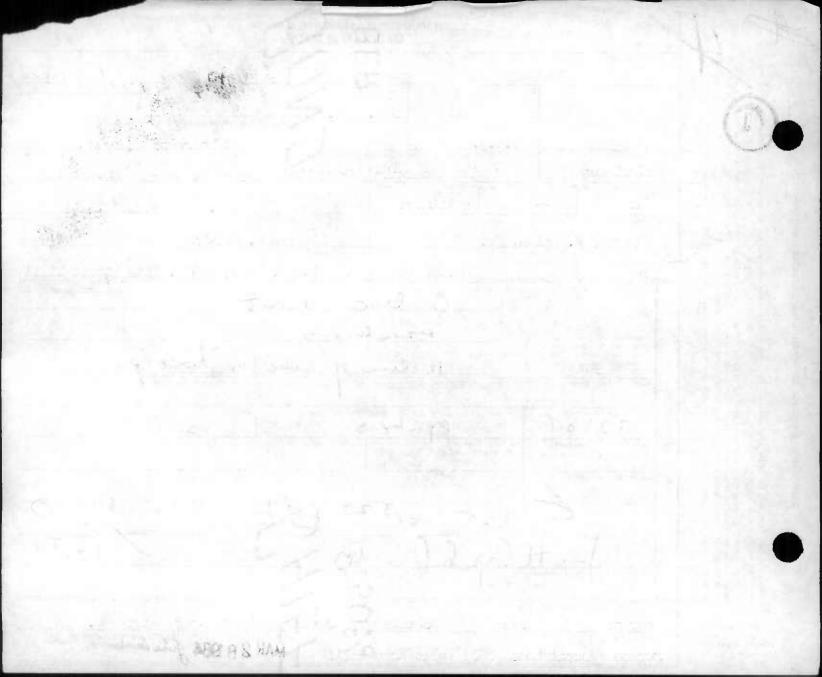
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

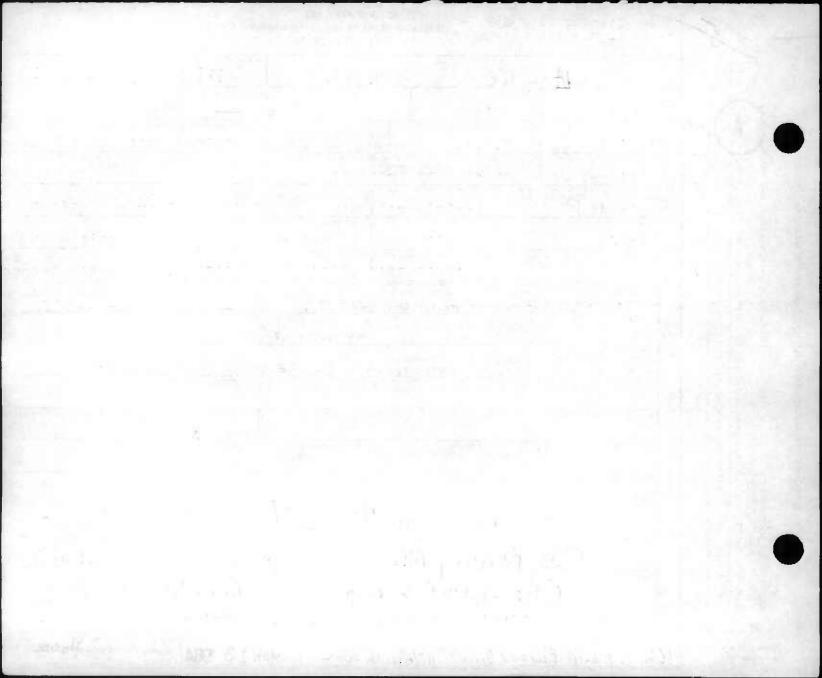
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7		REGISTRAR			CERTIFI	CATE OF DEAT	ın	REG. NO.		
-1		CEASED NAME FIRST	MIC	DDLE	LA	51		20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
1	(TYPE	CHAI	RLES E	7	SMITE	. TTT		3	2584	YSSAM
-	3. SEX		4. RACE	,	5. DATE OF			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDERA YEAR	IF UNDER 24 HRS
-1	-	Ma 1 a	7.7	To de de la	MONTH		YEAR		MONTHS DAYS	HOURS MIN.
1	70 BII	Male RTHPLACE STATE OR FOREIGN	7b. CITIZEN OF W	hite	Jan.	,	940	9 BALTIMORE CITY OR COUN		
5	, d. Di	COUNTRY)		HAT COUNTRY:	MARRIED	NEVER MARR		BALTIMORE CITT OR COOL	WIT OF DEATH	
4.		Maryland	U.S.A.	CONTACT AND CO	WIDOWED			Baltimore	City	MD.
		ITY OR TOWN OF DEATH	(IF NOT IN SUCH F	ACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUT		128 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKIN	IZE"KIND C INDUSTRY	OF BUSINESS OR
	4	Baltimore				Hospit	al	Security Guar	d Md. S	State
	USU A 13a. S	AL RESIDENCE (IF NURSING HOME OF		VE RESIDENCE BEFOR		13d. INSIDE CITY LI	IMITS?	13e.STREET ADDRESS / ZIP CO	ODE	
)		Md -	- 1	Baltimo	re	YES NO	_		treet 212	211
	I4 FA	THER'S NAME				15 MOTHER'S MA	IDEN NAA	AE		
٤		Charles E. Sm:	ith. Jr.	LAST		T : 1	lian	E. Drewanz	ĮA!	,1
	16a V	VAS DECEASED EVER IN U.S. AF		66 SOCIAL SECU	JRITY NO.	17. INFORMANT	LIali	E. Drewanz		
П	(1		VE WAR OR DATES)	219 36 2	0025	7:11:	E	C. 1-1- 04/ 17 3	Eul Charl	. 01011
	_	no			2035	Lillian	1 E.	Smith 814 W. 3		
		10. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per li DBY:	ne for (a), (b), ar	nd (S).1			4.	BETWEEN	MATE INTERVAL ONSET AND DEATH
		DOCO CIMMEDIA		(82 ~	alle	c a	MON	V		
			DUE TO, OR	AS A CONSEOU	ENCE OF	2				
		Conditions, if ony, which	(tb)		pers	reix 5				
		gove rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEOU	ENCE OF		0	1 4 1	1	
		underlying cause lost.	((c)	Frai	lue	0 81 N	ased	some month	Tapa	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO	DEATH BUT N	NOT RELATED TO 1	HE TERMI	NAL DISEASE OR CONDITION	CAVEN IN PART II	O .
	CERTIFICATION					9				
5	CAT	190 DATE OF OPERATION	196. CONDITI	ON FOR WHICH	OPERATION	WAS PERFORME	D		YES, WERE FINDING CAUSES	
H	Ē	32481		Ep 11	5 tax	5		YES NO NO	YES [NO [
à	CER	210 ACCIDENT WAS UNDERLYING				21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
71		OR CONTRIBUTING CAUSE OF DE		MONTH D	AY YEAR	2111				
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	21e PLACE OF	FINILIRY	19	211 LOCATION	-			
	ME	WHILE IN NOT WHILE IN		T. FACTORY, OFFICE.	FARM ETC]	STREET		CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK			2 /		84	773	64	
		22a I certify that (I) (his hosp sow the deceased alive or	1106	doesased from	(4)	that in (my (our)		leath occurred on the date and	10000	that (I) we) last
		above, (1) (we),(did) (did no	ot) view the body of	ter death.			Opinion o	eoth occurred on the date and		
		226. SIGNATUR	1	00	D	EGREE	NDING	MEDICAL STAFF	77 DATE	SIGNED
		Ung	IT COLD	· Lil			ICIAN [DIRECTOR PHYSICIAN	5 3 2	5201
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	4		22e ADDRESS				
						JT 1000				
	23u. B	BURIAL, CREMATION, REMOVAI	23b. DATE	23 _{t.}	NAME OF CE	METERY OR CREM	ATORY	23d. LOCATION		
	- (Burial	3/28/84	Sh	rewshu	ry Cemete	erv	Shrewsbury	York Co.	PA STATE
		UNERAL DIRECTOR	10/20/04	OH	2011000	Ly Culicu	25e. DATE	REC'D. BY REGISTRAR WE REC	SISTRAR'S SIGNMO	URIL 00
	P	Burgee Funeral	Homo 363	ADDRESS	Road	21211	MA	R 2 8 1984 fishe	Davidson-19	Masoc
- 1		urgee runeral	10116 202	T Talls	Moad	414II	1111	-0-0		-

DHMH - 16 50M 4/83 (VRA 15, 4)



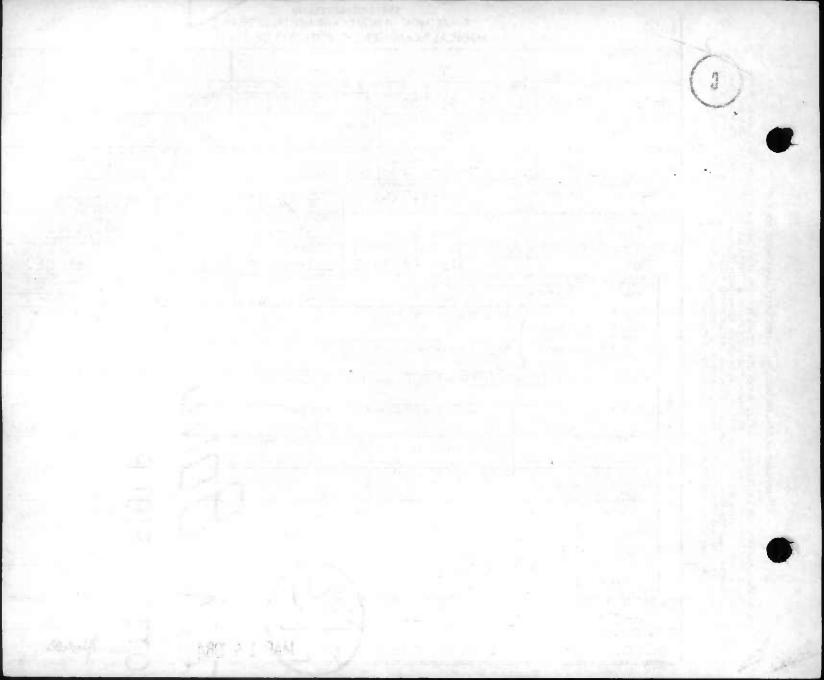
1. DE	REGISTRAR FIRST	MIDDLE	ERTIFICATE OF DEATH	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYF	PE OR PRINT)	RENCE &	mith	MARCH	10 484 2104
3. SE	X	4. RACE 5. 1	DATE OF BIRTH MONTH DAY YEAR	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HE MONTHS DAYS HOURS ME
-	Male	Black	4 9 15	-69 68 _{YRS}	
2	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	77 0 4	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
	Virginia LITY OR TOWN OF DEATH	U.S.A. w	DIVORCEDXX	Baltimore C	12b, KIND OF BUSINESS O
1	Baltimore	BON SECOURS H	ÉSS)	(TYPE OF WORK FOR MOST OF WORKING	
USU 130.	STATE 135 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COI	DE
M.	aryland	Baltimor	e YES 🖔 NO 🗌	2000 Odell A	
14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA/	ME MIDDLE	TAST
4_	Sandy	Smith	Martha	ADDRESS	Smith
		GIVE WAR OR DATES!			oforotto Av
-	NO		848 Willie Sm	1th 1321 W. L	
	PART I. DEATH WAS CAUS				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	4010 IMMEDI				1011001123
2	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	111100000000000000000000000000000000000		24 HOURS
	gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQUENCE	1		
		DUE TO, OR AS A CONSEQUENCE	E OF	2	DAYS
Z	cause (a), stating the underlying cause last.		ONIA , CANCEI		DAYS
ATION	cause (a), stating the underlying cause last.	(c) PNEUMO	E OF ONIA , CANCE!	INAL DISEASE OR CONDITION G	DAYS GIVEN IN PART ITO (ES, WERE FINDINGS USED
TIFICATION	cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEAT	E OF ONIA , CANCE!	200 AUTOPSY? 200 IF Y	DAYS GIVEN IN PART 110
CERTIFICATION	cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN: 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING TO DEAT 196. CONDITION FOR WHICH OPE	TH BUT NOT RELATED TO THE TERM PRATION WAS PERFORMED 216. HOW INJURY OCCURE	200 AUTOPSY? 200. IF Y	DAYS EIVEN IN PART I (a (ES, WERE FINDINGS USED TIFYING GAUSES OF DEATH? YES NO NO
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DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

	1-	FOR STATE			EPARTMENT					3 4	1 9				
4	-	REGISTRAR		MEL	DICAL EXAM	AINER'S		ATE OF I		REG.				100	
		CEASED NAME E OR PRINTI	FIRST		WIDDLE		LAST		2a. DAT	E KNOWN ESTI-	X MO	HTM	DAY	YEAR	26 HOUR
N			DARNE	HLL	Т.		SMITH			H MATED		3	7 19	84	м
Л	J. SEX		4. RACE	5. DATE OF BIRTH				F UNDER 24 I			MÓM	HTH	DAY	YEAR	2d HOUR
	M	ale	Black	1 25	59 25	YRS. MONT	HS DAYS	HOURS MI	PRONO DE		3		7 19	9 84	2:53
3-1	7a BI	RTHPLACE (ST	ATE OR	76 CITIZEN OF WH	AT COUNTRY?	TA .	IED D NEV	CD 44 4 DD 15 D	9 BALT	IMORE CIT	Y OR CO	TANK	-		1 11
5	FO	REIGN COUNTRY)		1	JSA	WIDOV	VED NEV	ER MARRIED DIVORCED	Rall Ball	timor	e Ci	+17			
-	10 C1	TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING H	OME, OR OTH			a USUAL OCC	UPATION			26 KIND	OF BUS	MD.
3		Baltimo:	ro		pkins Ho				FOR MOST OF W	ORKING LIFE			OR IN	VDUSTR'	Υ
-				R OTHER INSTITUTION, GIV											
5	13e S	VATS .	13b. COUNT	TY	Baltimo	ore	13d. INSIDE CIT	13. NO 5	STREET ADD	20t]	h St	- •	212	18	
V	14. FA	THER'S NAME		WIDDLE	LAST			S MAIDEN N	AME	MIDDLE			LAS	T	
	1	Charl	es		Smith		Del	ores		C.		Fr	ank	lin	
,	16a. W	AS DECEASED	EVER IN U.S. ARA	AED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORM	ANT		ADDRI	ESS				- 10
	,,,	NO UNKNO	(W 1E3, SIVE)	WAR OR DATES	214-64	-4843	Delo	res C	. Smi	th 50	00 E	Ξ.	20t	h S	t.
		18. CAUSE OF	DEATH (Enter onl	y one couse per line	for (o), (b), and (c)	1.)								OXIMATE I	
		PART I DE	A TELL VALACIO CI ALLICEE	\ nv			chest	linene	cified	wean	on)		BEIWEE	N ONSET	AND DEATH
		Gushot wound of chest (unspecified weapon)													
	Conditions, if ony, which														
			e to immediate stating the under-	(b)	AS A CONSEQUEN	ICE OF							+		
		lying cou		DOE TO, OR	AS A CONSEQUE	ACE OF							1		
Н		BARY C OVUVA CO		(c)											
	MEDICAL CERTIFICATION	PAKI Z UTNEK SIE	MILICANI CONDITIONS	CONTRIBUTING TO DEATH I	OI NOT RELATED TO TH	E TERMINAL DISEAS	E OR CONDITION	GIVEN IN PART 1	· a ·						
7	AT	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION V	AS PERFORM	ED?					2D AUT	TOPSY?	
	F												YES	X	NO []
5	E		L CAUSE WAS	216 TIME OF	INJURY MONTH DAY	21c. H	OW INJURY	OCCURRED (E	ENTER NATURE OF	INJURY IN ITEM	18 PART 1	OR PART		-	
2	ALC	UNDERLYING	OR CAUSE OF D	DEATH 2:10.M.	3-7-		Subject	was s	shot.						
	OG	21d INJURY O	CCURRED	21e PLACE C	FINJURY (AT HO	ME, 211 LC	CATION	, ,,,,,,							
	X	WHILE AT WORK	NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)		eford 7	2 077	Lanval		Pa	7+0	NTY Cit	-7.7	Md.
		AT WORK	ATWORK	3016	ec	Illai	C37	1VC. 0	Larival	C 3L.	, Da	100	7.010	-Y 1	Ma.
		220. I certif	y that I took charge	e of the remains desc	ribed obove, held	on Autop		Inspection L	, Inqui	ry 🗀, _	ond in m	лу оріг	поп		
		deoth resulte	d Irom Notur	ol couses,	Accident,	Suicide	, Homici	e X	Undetermined	monner _					
		ACTUAL	Als	200			TITLE (SP	ECIFY)				4			
	1	ACTUAL SIGNATURE_	/ IN	MAX	1	A	.D. Assi	stant	MEDICAL EX	AMINER	D. SI	ATE IGNED	3-8	-84	
6	/	EVALUEDIC I	/V	-AV.											
1		(TYPE OR PRIN	Ann	M. Dixon	, M\D.		ADDRESS_1	11 Pen	n St.,	Balto	0.,1	Md.	212	01	
	23a.BU	JRIAL, CREMAT	ION, REMOVAL	h DATE	23c. NAME O	F CEMETERY C	RCREMATO	RY 2:	3d. LOCATION			COUNT	TY	STA	TE
	, ,	Buria	1	3/14/84	King	Memor	ial F	k.	Rand	allst	Lowr			MD	
		JNERAL DIREC	TOR				2.	a. DATE REC'	D. BY REGIST		EGISTRA	R'S SK		F	
	W	m. C.	March F	/H 110.	1 E. No:	rth Ay	re.	MAR 1	4 1984		Parte	1000	- Mano	الملك	3



20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) MARCH 22,1984 SMITH ELMER 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) MONTH YEAR WHITE MALE 1930 12 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED BALTO CONN. WIDOWED . CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) CHURCH BALTO MISABLEX DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NUR LINE PO ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTO DUNDALK 1902 VAN BUREN NO DO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE DBERT SMITH MADELINE WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR OATES) ES PATRICIA SMITH 190> VAN BUREN KOREA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY RESPIRATORY ARREST IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which METASTRATIC GASTRIC CANCER gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 GASTRECTOMY XX 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19s. DATE OF OPERATION 20g AUTOPSY? ď IN CERTIFYING CAUSES OF DEATH? GASTRIC CARCINOMA NOV. 29,19 NOX 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 10 834 MARCH 220.1 certify that (1) (his hospital pattended the deceased from MARCH sow the deceased alive an_ and that in (my) (our) opinion death accurred on the date and haur and from the causes stated abave, (1) (we (did) (did not) view the body ofter death 226 SIGNATURE DEGREE TO FUNERAL E should be detain with the State E PHYSICIAN DIRECTOR PHYSICIAN MPORTANT CHURCH HOSPITAL

DHMH - 16 50M 4/B2 (VRA 15, 4)

FUNERAL

230. BURIAL, CREMATION, REMOVAL

27d PHYSICIAN'S NAME LITYPE OF PRINT

23b. DATE

HOME OF

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 7 4 0 CERTIFICATE OF DEATH

REG. NO

REDEEMER 25a. DATE REC'D. BY REGISTRAF

23d. LOCATION

CITY OR TOWN

OLEYDAVID A. FOLEY, M.D. COO. AN. BROADWAY, BALTIMORE, MD.

23c NAME OF CEMETERY OR CREMATORY

CORPORATION

COUNTY

22¢ DATE SIGNED

7h HOUR

12b. KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

10:40P

IF UNDER 24 HRS.

21222

MONTHS

NO [

STATE

	STATE O	FMAR	LAND		-4.
DEPARTM	ENT OF HEAD	LTH AN	D MENTAL	HYGIENE	0
	CERTIFIC	ATE O	DEATH		

М	1 -	SIAIE		IEALTH AND MENTAL HYG	SIENE () /	
		REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	(TYPE	ORPRINT) GOODED	Smi	t-h	3/9 KU	7:30 4
	3. SE)	()	RACE 5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
		Mala	Plank MONTH	DAY YEAR	79	MONTHS DAYS HOURS MIN.
	7n BI	RTHPLACE ISTATE OR FOREIGN 7h	CITIZEN OF WHAT COUNTRY? 8.	04 04	9. BALTIMORE CITY OR COU	
2		COUNTRY)	MARRIE		1011	1 1
1	10 01	Vai	WIDOWI			City MD.
9	10. CI	Ba Himore	NAME OF HOSPITAL, NURSING HOME (LE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Medical	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
2		AL RESIDENCE (IF NURSING HOME OR OTH TATE 136 COUNTY	131 CITY OR TOWN	13d INSIDE CITY LIMITS?	13 . STREET ADDRESS / ZIP CO	OPE 21213
1	14 EA	THER'S NAME	Battimore	YES NO 15. MOTHER'S MAIDEN NA	ME NOTE OF	Canvale STI
7	14. FA	EIRST MIDE	DLE	IS, MOTHER'S MAIDEN INA	WIDDLE	LAST
4		69	Smith	tannie	7	Ullen
,		VAS DECEASED EVER IN U.S. ARME		17 INFORMANT	ADDRESS	
		yes unk	n 219-03-6588	Unnie B.	Banks 22/1	2 E. Lanualo St
		Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.		Dawe a	(/Vet mec	t mount
	7	PART 2 OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN PART 110
	TIO					
1	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
1		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART 2]
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CHITOKIOWN	3141
		220.1 certify that (Tr (this hospital) saw the deceased alive an abave, (1) (we) (did) (did not) v	3/9/19 84.	nd that in (my) (our) apinion	death accurred on the date and	haur and from the causes stated
		22b. SIGNATURE	Hoody min	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF	22c. DATE SIGNED
1		22d. PHYSICIAN'S NAME (TYPE OR PR	INT)	22e. ADDRESS		100/
/						

230. BURIAL, CREMATION, REMOVAL ^{23b. DATE} 3/12/84 23c NAME OF CEMETERY OR CREMATORY
Eastview Mem. Pk.

Baltimore, Md.

STATE

24 FUNERAL DIRECTOR

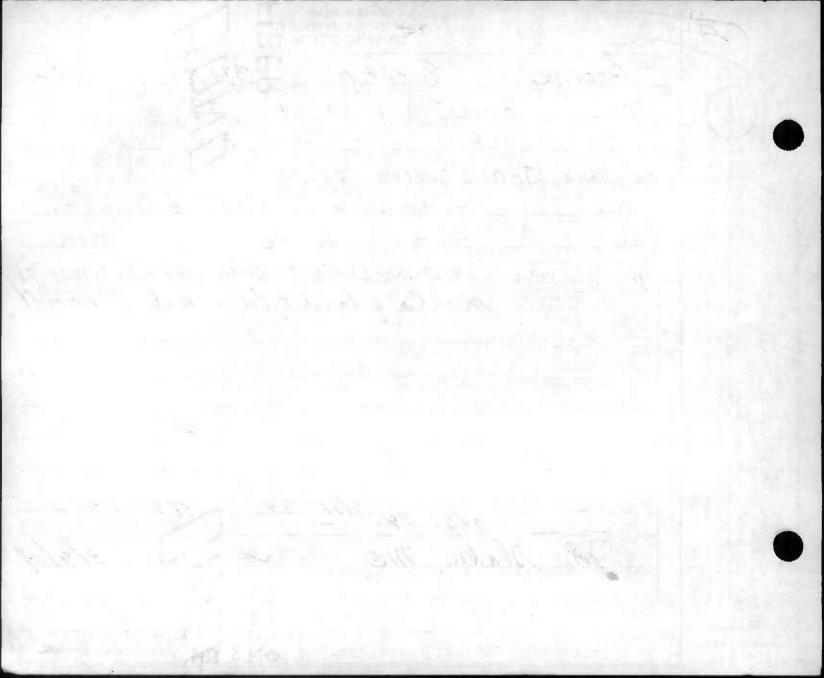
MPORTANT: If He

DHMH - 16 50M 4/83

(VRA 15, 4)

Wm C March F/H 1101 E. North Ave.

REGISTRAR 25%, REGISTRAR'S SIGNATURE



TD FUNE ALL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled the control of the burial-transit permit. Then please remove carbon papers. Pager Land 2 should be the brist on the burial transition, ar removal.

injury, or ather troumotic event, the medical ex

APOSTANT If Item 21 is marked or Item 18 shows ony

page 3 er death

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

)	1	 U	do

	REGISTRAR		-		REG. NO.				
	DECEASED NAME F	IRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 21	b. HOUR		
L		Helen Lou	ise s	Smith	March 3 1984		11:47 Am		
3.	SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		OURS MIN.		
L	Female	Whi		15%, 1922	61 YRS				
	BIRTHPLACE (STATE OR FORE		WHAT COUNTRY? 8. MARRI	ED NEVER MARRIED	9. BALTIMORE CITY OR COUNT				
-	rest Virgin		· A · WIDOW	DIVORCED	Baltimore Cit	_	MD.		
10	CITY OR TOWN OF DEATH	# (IF NOT IN SUC	HOSPITAL, NURSING HOME THE FACILITY GIVE STREET ADDRESS!		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L				
	Baltimore	Maryla	nd General I	-	Homemaker	Own Ho	ome		
13	o. STATE 13	COUNTY	GIVE RESIDENCE BEFORE ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	E			
	laryland	A.A.	GlenBurnie	YES NO XX	1220 Cathedra	al Drive	2106		
1	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WIDDLE	LAST			
1	Charles	L.	Church	Grace	ADDERS OF	Rair			
160	WAS DECEASED EVER IN	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES!	16b. SOCIAL SECURITY NO. 214/34/964	17. INFORMANT	Son) ADDRESS 813	athylesk	ourg I		
	NO	//////	214/ 34/ 304	Mr. Douglas	s A. Smith	Arnol			
1	18 CAUSE OF DEATH	Enter only one couse per	line for (o), (b), and (c).)	- 177		BETWEEN ONS	TE INTERVAL SET AND DEATH		
1		MEDIATE CAUSE 10)	Cardiac	Arrest					
1	2501	250 DUE TO, OR AS A CONSEQUENCE OF							
1		Conditions, if ony, which gove rise to immediate Mydcardial Infarction							
	couse (0), stoting	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF							
		(c)							
2					MINAL DISEASE OR CONDITION GI ure, hypothyroid				
CEPTIEICATION	19a DATE OF OPERATIO		ITION FOR WHICH OPERATIO			15M S, WERE FINDING	S USED		
	February29		l left femur f		IN CERT	IFYING CAUSES OF	F DEATH?		
- 1	210. ACCIDENT WAS UNDERL				RED (ENTER NATURE OF INJURY IN ITEM 18		140 []		
		SE OF DEATH HOUR A	M. MONTH DAY YEAR						
MEDICAL	21d. INJURY OCCURRED		M. 19 OF INJURY	211 LOCATION		0.0000			
N N	WHILE NO! WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, FARM, ETC }	STREET	CITY OR TOWN	CUUNIY	STATE		
Н		is hospital) attended-th	e deceased from Januar	cu 25 10/1 8A	Maten/3	19 849 the	ot X (we) lost		
	sow the deceased	olive on March (dix 601) view the body	e deceosed from Januar	and that in (My) (our orinion	depth ground in the day on the	Land We con			
	22b. SIGNATURE	(du not) view the body	ofter death.	DEGREE C' MAN		22c DATE SIG	GNED		
		Sattant	mm	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/3	3/84		
1	22d. PHYSICIAN'S NAM	(TYPE OR PRINT)		22e. ADDRESS	- Director - Intolerate -		1		
	SHOA	IB A. I	+ASHMI	C/o Maryla	and General Hosp	ital			
23	BURIAL, CREMATION, REA	MOVAL 236MATC	h 7, 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN				
	(SPECIFY) Buria	1984		y Church Ce		A.A.	Md.		
74	FUNERAL BIRESTELL	-	ADDRESS	250. DA	TE REC'D. BY REGISTRAR 256. REGIS				
	Singleton	Funeral H	Iome GlenBu	rnie, Md M	AR 6 1984 Julia	Davidson-A	manac		
				** ***					

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the haspital ar ottending physician.

SERVISC SECURE Mydonreign Interection Disheric intonciaring Skight corobrovancular accident, high blood pressure, hupothuroidism Penniare 20 1964 pietel left fomom injectore E TORRELL LS ES L'ESPAN X

Clo darulant Coneral Rospical

STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 7 CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH 2b. HOUR 5:00 PM 3 12 84 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Retired 13e. STREET ADDRESS 3346 Dolfield Ave. 21215 NO [MIDDLE **ADDRESS** Pearline M. Smith 3346 Dolfield Ave.

gicol ordem 18 sh - STATE

REGISTRAR

DECEASED NAME

2 popel plea 0 prior burial-transit per Mental Hygiene attending physician. be detached to e State Dept. should be with the S

TYPE OR PRINTS Isaiah Smith A RACE 5 DATE OF BIRTH 3. SEX MONTH Male Black 70 BIRTHPLACE I STATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia IIS A DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
346 Dolfield Avenue 3346 Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Baltimore YES A 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Isaiah Smith Addie Smith 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line facila), (b), and (c).) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 20n AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d. INJURY OCCURRED 21a PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from, and that in (my) (aur) opinion death accurred an the date and have and from the causes stated saw the deceased alive an abave, (I) (we) (did) (did nat) view the bady after(death. 22b. SIGNATURE DEGREE ATTENDING ARDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING * MPORTANT: THE PHYSICIAN'S NAME (TYPE OF PRINT) 22a ADDRESS 23c. NAME OF CEMEJERY OR CREMA 23b. DATE

MIDDLE

DHMH - 16 50M 4/82 (VRA 15, 4)

REGISTRAR 256. REGISTRAR'S SIGN JUNE 10RA

STATE

22c. DATE SIGNED

YES T

COUNTY

THE RESERVE OF THE COLUMN ASSESSMENT OF THE PARTY OF THE

requires that the death certificate

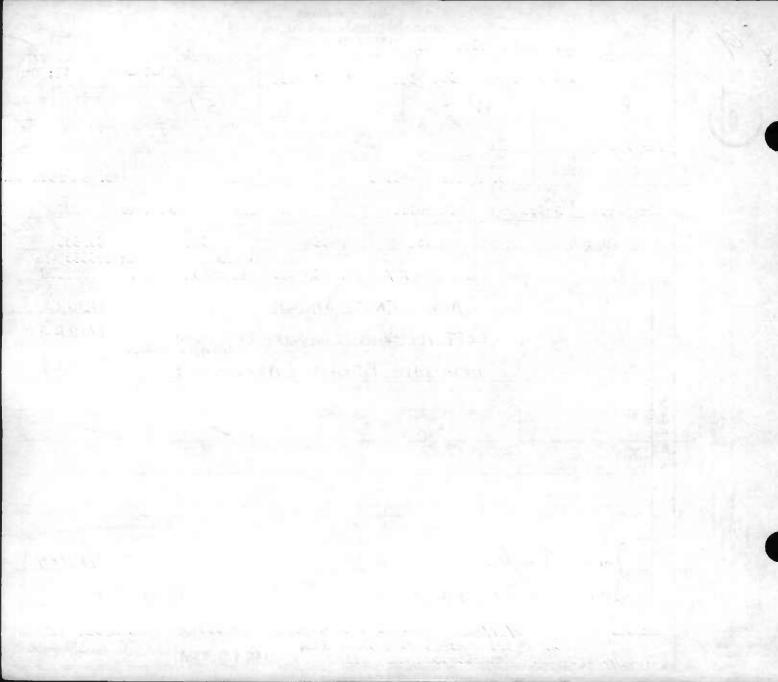
TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

	1 -	FOR STATE REGISTRAR			DEPARTA	ENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	IYGIENE ()	7 REG. NO.	0 4		
		CEASED NAME FOR PRINT)	FIRST JULI	MIDDLE	Quir		smith		OF DEATH MONT	13–84	2b. HOUR 12:30pm	
	1. SE	F	4. RAC	- and	4,000	5. DATE C	F BIRTH		51	MONTHS DAY	AR IF UNDER 24 HRS TS HOURS MIN.	
83	Ma	RTHPLACE (STATE OR FO COUNTRY) TYLAND		tizen of wha USA		WIDOWE			IMORE CITY OR CO	PUNTY OF DEATH	MD.	
40	BAI	ITY OR TOWN OF DEAT	Y ("	St. Agn	ILITY, GIVE STREET A	ital	r other institution		L OCCUPATION ORK FOR MOST OF WOR	KING LIFE) INDUSTR	oof business or Charles Ch	
26	Ma. S	AL RESIDENCE (IF NURSIN STATE I MARYLAND	Baltime	13c.	RESIDENCE BEFORE CITY OR TOWI ikesvi l	٧	13d. INSIDE CITY LIMITS: YES NO (2)	110	t address Sudbrook	Lane	21208	
232	2	Joseph WAS DECEASED EVER IN		idrew	Smith SOCIAL SECU	RITY NO	Julia	(Quinn Ook ADORESS		riel	
2			(IF YES, GIVE WAR C	OR DATES)	5-30-97				ook Lane Brooks, L	Pikesvi O.C.	21208 OXIMATE INTERVAL EN ONSET AND DEATH	
injury, or other traumatic event	NOI	Conditions, if any, gove rise to imme cause (a), stating underlying cause	which cliate the last.	UE TO, OR AS (b) LEP UE TO, OR AS	A CONSEQUE TAN A CONSEQUE	NCE OF NCE OF 16 B	C SHOCK CORONAR PEAST CA NOT RELATED TO THE TE	y Occi PRI ARCIN	OMA	Hop 2	OURS OURS YRS	
hows any	CERTIFICATION	19a. DATE OF OPERATION				OPERATIO	N WAS PERFORMED	YES E	NO IN	. IF YES, WERE FINI CERTIFYING CAUS YES [2]	NO _	
or Item 18 shows	MEDICAL CE	21g, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE	USE OF DEATH	HOUR A.M. P.M. B. PLACE OF IN	MONTH DA	Y YEAR	216 HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN IT	TEM 18 PART 1 OR PART 2	1	
morked o	WEI	WHILE NOT WHILE	· O (/	AT HOME, STREET, F	ACTORY, OFFICE, FA	RM ETC)	STREET		CITY OR TOWN	COUNTY	STATE	
21 is		22a.1 certify that (I) (this hospital) attended the deceased from										
MPORTANT: If Item		226 PHYSICIAN'S NAA	Tay	In Tay	an h	M.	22e. ADDRESS		PHÝSICIAN	131	14/84	
₹ -		BURIAL, CREMATION, RI	EMOVAL 23b.	DATE			EMETERY OR CREMATOR	23d. LO	CATION ITY OR TOWN	COUNTY	STATE	
/81	24 FU	Burial UNERAL DIRECTORLO NAME 1728 Libert	ring By	/17/84 ers Fun Randall	eralesDi	recto	ephs Cemeter ors, Inc. 250.0 21133		REGISTRAR 256. B	Frederic EGISTRAR'S SIGN. Ma Davidson	ATURE	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and should be detached for use as the burial-transit permit. Then please remove carbon poper. Further with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval



+ X	1	FOR STATE		DEPARTME	STATE OF MAR	D MENTAL HYG	JENE 0 7	4 0 5	
- /		REGISTRAR		(ERTIFICATE O	F DEATH	REG. NO.		
. m.£		CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH M		20.11001
1		MIRI			SMITE	1	MARCH 20		10 A.
	3. SE	× FEMALE	4 RACE WHITE	5	DEC. 19	1908	6. AGE (IN YEARS LAST BIRTHE	YRS MONTHS D	DAYS HOURS MIN
		RTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	USA		MARRIED NEVI	ER MARRIED XX	9. BALTIMORE CITY OR BALT IMOI		н
of the same of the	10 C	BALTIMORE	11. NAME OF HOSPIT (IF NOT IN SUCH FACILIT 5906 PARK	TY, GIVE STREET ADD	DRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V SEGRETARY	WORKING LIFE) INDUS	S. GOV'T.
filled in hould be	13a.	AL RESIDENCE (IF NURSING HOME OF TATE 135 COU	NTY 13c. CI	TY OR TOWN BALTIMO	ORE YES X	E CITY LIMITS?	136 STREET ADDRESS 7 5906 PARK HI	P _{CODE} EATO	N HALL AP E,APT. 30
ompletely and 2 st	14. F/	HERMAN	MIDDLE			ER'S MAIDEN NA	WIDDLE		LEVY
oe execu-		VAS DECEASED EVER IN U.S. A YES, NGOPUNKNOWN) (IF YES, G		OCIAL SECURIT 19~07~28			ARBY BOWMAN 401 E. PRA	TT ST. BA	900 WORLD LTO., MD 2
uires that the death congred by the attending on the ottending or blease remove carbiburial, cremation, or ury, or other traumatic.	z	Conditions, if ony, which gove rise to immediate couse to i, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT		COMSEQUEN	DE OF	AS CO	16 /3	TION GIVEN IN PAI	RT 110
on. has been a permit The ere prior to own any injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	FOR WHICH OF	PERATION WAS PE	RFORMED		206. IF YES, WERE FI IN CERTIFYING CAU YES	
SECIAN, T ng physic certifican certifican certifican certifican	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR A.M. M	NONTH DAY	YEAR 19		RED (ENTER NATURE OF INJURY	IN ITEM TO PART I OR PAR	RT 2}
MG PHY attends out the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ (AT HOME, STREET, FAC		A, ETC.)	ATION REET	CITY OR TOW	N COUNT	Y STATE
ATTEND ospital ar ECTOR. A differ use it of Heal		22a.1 certify that (1) (this hose sow the deceased alive a above, (1) we) (did) (did n	3/16	19		my) (our) opinion	deoth occurred on the dote		
by the file		22b. SIGNATURE	2/60)	DEGREE 170 ADD		MEDICAL STAFF DIRECTOR PHYSICIA	7	20/84
O HOSPITAL TO FUNERAL should be de with the Stot	71	DR. LEONAR	D KOTZ			11 SLADE	11121	LTO., MD	
BP	23u.	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	MAR. 22, 19		ME OF CEMETERY C		23d LOCATION CITY OR TOWN MRET HADATH	BALTO.	MARYLAN

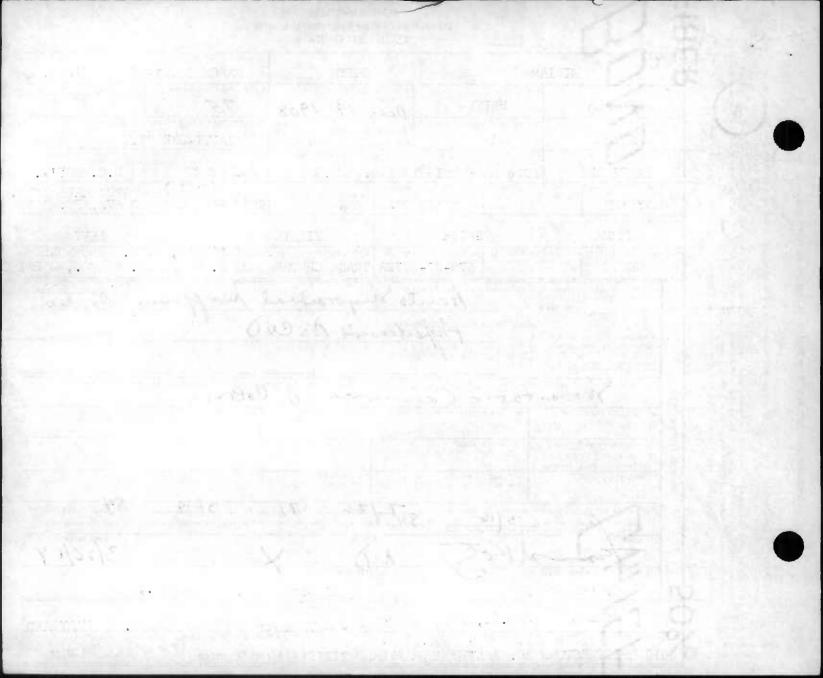
DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

TZEMECH SEDEK VE SHOMET HADATH

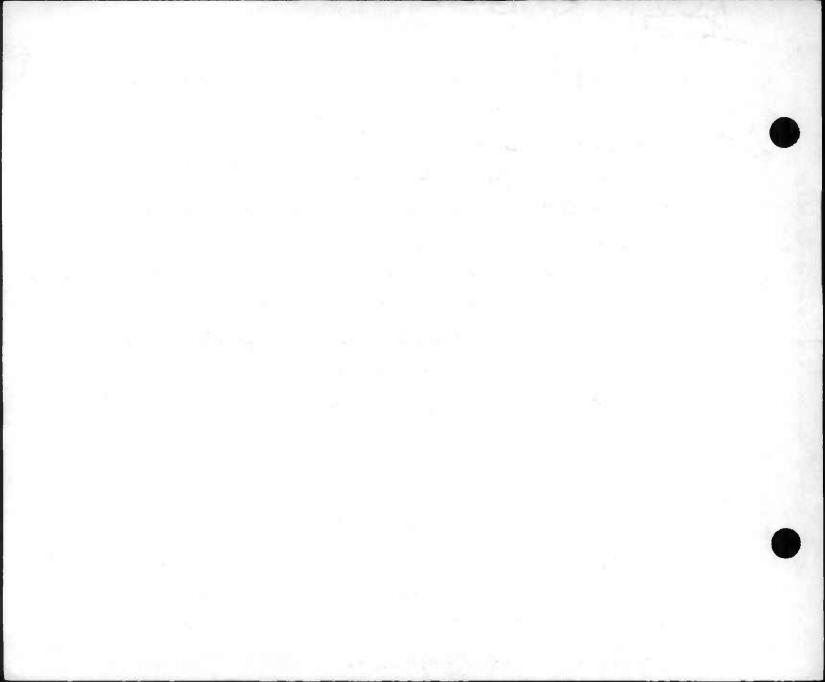
S., INC. | 250 DATE REC'D BY REGISTRAR HADATH BALTO MARYLAND
BY REGISTRAR 25 REGISTRAR'S SIGNATURE



STATE OF MARYLAND



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E A	11 8	4		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT	COUNTRY?	8. MARRIEI WIDOWE			BALTIMORE CITY O	_		MD.
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pe exec	s. Poges	2			E WAR OR DATES)	4 16 7		DOROTHY .	F. 5	UNIONORE MITH 1630	MCKIN	STRY	1 21791 MILL RD
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that the	y the			cause (0), stating the underlying cause lost.	DUE TO, OR AS A	CONSEQUE		rest					
advires	hen p to bur nury,		NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIB	BUTING TO D	EATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE OR CON	DITION GIVEN	IN PART 1	a,
he law re	prio prio	1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR VI HICH C	OPERATION	PERFORMED		20a AUTOPSY? YES NO	20b. IF YES, Y IN CERTIFYI YES	NG CAUSES	NGS USED S OF DEATH?
CIAN: T physical	certificate has	7		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	In		Y YEAR	21c. HOW INJURY OC	CCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	I OR PART 2)	
G PHYS	s the bur and Me		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ			211 LOCATION STREET	-	CITY OR TO	wn	COUNTY	STATE
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ATTE	d for t. of th			saw the deceosed alive an abave, (X (we) (did) (X (X X	March 19) view the bady ofter d	19 <u>_8</u> leath.		d that in X hy) (aur) ap	pinion de	ath occurred on the do	ate and haur a		
TAL OR	ERAL DIRE e detoched Stote Dept. ANT: If Item			226. SIGNATURE	itarello 9	b- m	0	PEGREE ATTENDIN PHYSICIA	ING IAN 🗌	MEDICAL STAI	FIAND	22c DATE	SIGNED 119/84
O HOSPIT,	should be det with the Stote			JOHN A.	ITARE/16	JRI	mD	3900 Loch	n Rav	ren Blvd. E	Balto M	d 2121	18
Jan. 7	F 28 ₹	1		URIAL, CREMATION, REMOVAL	236. DATE			METERY OR CREMATO	TORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP_			- 47	NERAL DIRECTOR	VPAK 23-19	184 B	USH	PARK	n DATE	COOKSY REC'D. BY REGISTRAR	25 REGISTRA	D'S SIGNIAT	MD
	16 50M 4/B3 A 15, 4)		1	D' Hartzler	Union &	JADDRESS/	e /	nd	MAF		Julia Da	udsen-	fandall



FOR

- STATE

REGISTRAR

Chemical Center 13e. STREET ADDRESS 2602 Oakley Avenue Baltimore, Maryland 21215 Johnson ADDRESS2602 Oakley Avenue Baltimore, Maryland 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 10 8 4 and that in my Xenr opinion death occurred on the date and hour and from the causes stated 22r. DATE SIGNED COUNTY Baltimore. 250. DATE REC'D. BY REGISTRAR SUREGISTRAR'S SIGN ORE THAN DO NO 4001 24. FUNERAL DIRECTOR Nutter & Sons Funeral Home Inc. DHMH - 16 50M 4/82 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

HOURS

81 16

IF UNDER I YEAR

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IF UNDER 24 HRS

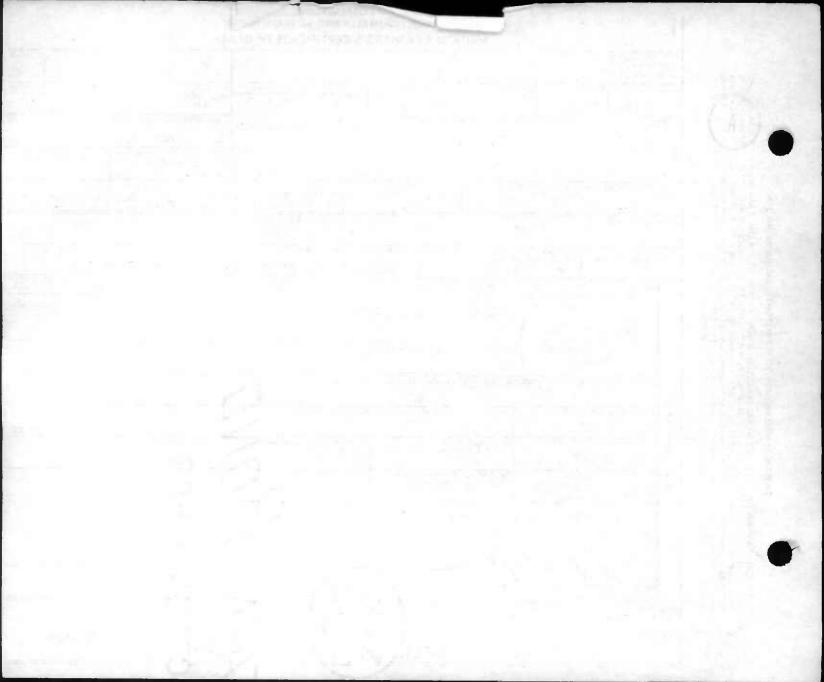
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Haltimore, Md.

Esti l 3/31/123 Vet runs Geneter Nutter: sæns run rel dome inc. 2501 G ynns Julis skwy. Beltimore. Jo. 1216

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68E	(TYPI	OR PRINT)	John				9	now			OF DEATH	ESTI- MATED	X 3	13 1	984	
STREET STREET	3 SEX	Male	Black	5. DATE OF BIRTH		6. AGE (IN YEA LAST BIRTHDA 72 YR	Y) MONTH		IF UNDER		PRONOUI DE AL	NCED	монтн	26 ₁	984	3:50E
1999	FO	RTHPLACE (REIGN COUNTRY)		76. CITIZEN OF V		VTRY?	8. MARRI WIDOW	ED NE	VER MARE	RIED X		imore	_		ATH	MD
O Control	10. CT Ba	ry or rown	OF DEATH		S. Sp	ring Co	ourt	er institu	TION	12a USU FOR M	ALOCCU OST OF WO	PATION (T'	YPE OF WORK	OR I	O OF BU NDUSTE	
SHOULD BE	USUA 13a. Si	L RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION,	13 c. CIT	OR TOWN))	13d. INSIDE (ITY LIMITS?	13e STRE	ET ADDR	ss Sprin	g Cou	ırt	21	234
DIVISION OF WAR	I4 FA	THER'S NAM FIRST	E	WIDDLE		LAST		15. MOTHE	R'S MAID	ENNAME	٨	AIDDLE		LA		
NOIS /	N abf	AS DECEASE S, NO, OR UNKN NO	ED EVER IN U.S. AR OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	11111111	-18-322		17. INFORA		ne Fry	/er	Sout	s 979 h Car	Gas		
ISIT PERMIT. PAGES HYGIENE, DIVISION MOVAL.			EATIMMAC CALICS	nly ane cause per li ED BY: STE CAUSE (a) CO											ROXIMATE EN ONSET	INTERVAL AND DEATH
AL EXAMINER BURIAL - TRAN AND MENTAL ATION, OR RE	NO	gave r cause (c lying co		e / (b)		NSEQUENCE C		DR CONDITIO	N GIVEN IN P	ART 1 (a)						
	CERTIFICATION	19a DATE O	FOPERATION	19b. CONI	DITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?						TOPSY?	-
DEPARTMENT OF HE I PRIOR TO BURIAL,		UNDERLYIN	AL CAUSE WAS G OR ING CAUSE OF	HOUR A	OF INJURY .M. MONTH	DAY YEAR		OW INJURY	OCCURR	ED (ENTERN	NATURE OF IN	JURY IN ITEM 1	8 PART I OR F		s 🗆	NO X
21201 PRIG	MEDICAL	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY ACTORY, FARM,			CATION TREET	1	1	CITY OR TO	OWN	C	OUNTY		STATE
AND,		22a I cert death resul	,	ge of the remains d	escribed ab Accident		Autap	, Hami	Inspection in the Inspection i		Inquiry		and in my o	apinian		
TO FUNERAL DIREC AFTER DEATH, WITH BALITMORE, MARYL		ACTUAL SIGNATURE	10.	aya			M	.D. <u>Assi</u>		tMEDI	CAL EXA	MINER	DATE	3/	27/8	34
TO FUN AFTER D BALITIM		EXAMINER'S (TYPE OR PR	INT) ALLI	M. Dixor				ADDITESS_		Penn S		Ba	lto.	,Md.		
- ∢ ⋈	(5		noval	3/30/84		NAME OF CEA	AETERY O			CHYC	CATION	AD IAL DE		UNTY		ATE
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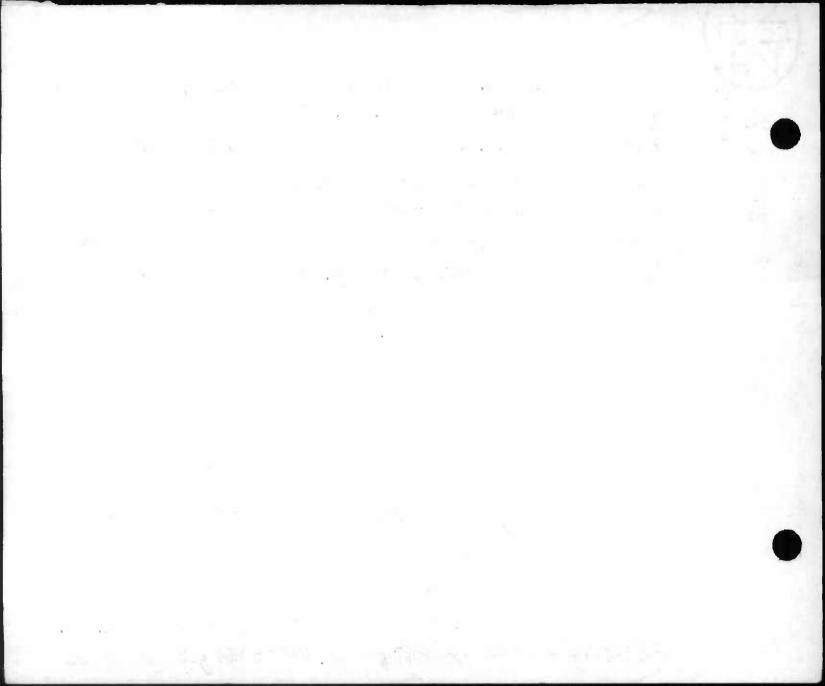
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	he death certificate be awarned within 2 chaus offer death. Page 4 may be	he attending physician and campletine falled in by that fullest and population carbon papers. Pages 1 and 2 seeks to the with the population or in manual.	s troumatic event, the medical medical community of the c
STATISTICS OF THE SECONDS. SO IN	TO HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death certificate is stained by the hospital or attending physician	TO FUNERAL DRECTOR: After this certificate has been signed by the attention physician and stabuld be detached for use as the businish them in Then places remove corbon popular Pagests with the State Deas, of Health and Mental Hyperse print its businiss cremation, or removal.	WPORTANT, If hem 21 is marked as them 18 shows any impay, or other traumatic event, the me

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

MARYLAND TH AND MENTAL HY TE OF DEATH	GIENE)	7	. 1		U		
TE OF DEATH			G. NO				
	2a DAT	E OF DEA	TH /	HINON	DAY	YEAR	26 HOUR
DER	MA	RCH_	8	19	94		10.1
PTH	A AGE	LIN YEARS LA	ST BATH	IDAY	IF UNI	DERTYEAR	IF UNDER 2

		FOR STATE REGISTRAR	DEPARTM	STATE OF MAI MENT OF HEALTH A CERTIFICATE (ND MENTAL HYG	REG. NO	10		
100		EASED NAME FIRST PROPRINT) RUSSEL	MDDIE B.	SNYDE I	3	20 DATE OF DEATH MARCH 8 6 AGE (IN YEARS LAST BA	MONTH DAY		26 HOUR
V		ale	Whi te		1917	66	YRS		HOURS MIN.
4	C	RTHPLACE (STATE OR FOREIGN OUNTRY) TYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NE	/ER MARRIED	9. BALTIMORE CITY O	_		MD.
	10 CH	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O Laborer	ON : WORKING LIFE)	26 KIND OF NDUSTRY ROA	BUSINESS OR
5	13a S M	aryland Was	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY hington Clears	springes [13. STREET ADDRESS A	ox 15	3 _	21725
6	3	THER'S NAME FIRST Archie	Snyder Snyder		HER'S MAIDEN NAM	WE	Ve	rnon	
V	16a W	AS DECEASED EVER IN U.S. AR	V			a Snyder	ss RFD-2	Clea	rspr _{iN} (c
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), and ED BY. TE CAUSE (a) COFO (1 & C		st			-	ATE INTERVAL NSET AND DEATH
		5720 Canditians, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE		.ess			11/2	months
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	in tumo					menths
	ATION	duodenal Date of Operation	CONDITIONS CONTRIBUTING TO D VICER 198 CONDITION FOR WHICH			200 AUTOPSY?	20b IF YES, W	ERE FINDING	
7	CERTIFICATION	1131 184 210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HO	W INJURY OCCURR	YES NO RED (ENTER NATURE OF INJUR	IN CERTIFYIN YES YIN ITEM 18 PART I		NO [
	MEDICAL	OR CONTRIBUTING CAUSE OF DE A (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	AIH	19 21f LOC	ATION	CITY OR TO	WN	COUNTY	STATE
			at lyiew the bady after death	1/23 84 , and that in	, 19 <u>84</u> (my) (our) opinion o	, to 3/8 death occurred an the do		d Irom the co	
1		22b. SIGNATURE	Remoe	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F IAN [X	3/8	184
		Keith L	illemoe ME		hus Hop	kins Hospii	lal Bo	Him	love Md 3
	(URIAL, CREMATION, REMOVAL SPECIFY)	March 10, 84	Blairs	Valley	Clearspr			Md. STATE
	TH	omp's on 40he f	al Home Mear	spring l		rec'd by registrar 15 1984 Jul	256. REGISTRAR	'S SIGNATU	RE COL

DHMH - 16 50M 4/83 (VRA 15, 4)



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3. SEX I. RACE S. DATE OF BIRTH MONTH JON YES TO, BIRTHPLACE (STATE OFFORED) TO, CITZEN OF WHAT COUNTRY? TO, BIRTHPLACE (STATE OFFORED) TO, BIRTHPLACE OFFORED) TO, BIRTHPLACE (STATE OFFORED) TO, BIRTHPLACE OFFORED TO,	3. SEX		DEC	REGISTRAR EASED NAME FIRST	MIDDLE			DAY YEAR 26 HOUR
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR, A should be detached for use with the Store Dept. of Heal

(VRA 15, 4)

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o D		BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

CERTIFICATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR

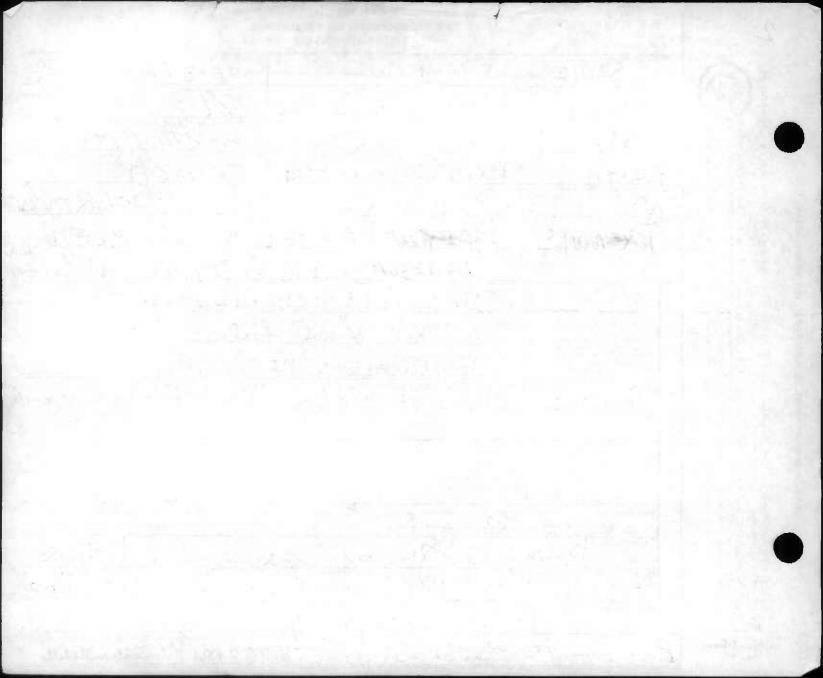
FOR - STATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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JAKE LOKA Affer this certificate has been signe ched for use as the burial-transit permit. Then place, of Health and Mental Hygiene prior to burillem. I is marked at Item 18 shaws any injury, or		19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e.1 certify that (1) (this hospital) saw the deceased alive an above, (1) (we) (did) (did not) v	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) officed the deceosed from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	211 LOCATION STREET 19 4 that in (my) (aur) apinion d	YES NO CENTER NATURE OF INJURY CITY OR TOWN To CHAPTER OF THE CONTROL OF THE CONTROL MEDICAL STAFF	IN CERTIFYING CAUSES OF YES NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	STA	
JAKE LOKA Affer this certificate has been signe ched for use as the burial-transit permit. Then place, of Health and Mental Hygiene prior to burillem. I is marked at Item 18 shaws any injury, or		198. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOT#Y MEDICAL EXAMINER) 21a. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a.1 certify that (I) (this hospital) saw the deceased alive an obove, (I) (we) (did) (did not) verified that the control of the control o	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM ETC.)) ottended the deceosed from 19 7, and 19 7, and 19	211 LOCATION STREET 211 LOCATION STREET 3 , 19 Sound that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	YES NO CITY OR TOWN CITY OR TOWN Jeath occurred on the dat MEDICAL STAFF DIRECTOR PHYSICIA	IN CERTIFYING CAUSES OF YES NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	STA {I) (we es stote VED	
U.O.R. Affect has certificate has been signed for use as the buriol-transit permit. Then play feelih and Mental Hygiene prior to burion 21 is marked at Item 18 shows any injury, or	MEDICAL	19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that (I) (this hospital) saw the deceased alive an above, (I) (we) (did) (did not) v 77h. STORATURE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) ottended the deceosed from 19 new the body after death.	211 LOCATION STREET 211 LOCATION STREET 3 , 19 Sound that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	YES NO CITY OR TOWN CITY OR TOWN Jeath occurred on the dat MEDICAL STAFF DIRECTOR PHYSICIA	IN CERTIFYING CAUSES OF YES NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	STA {I) (we es stote VED	

40 1-5 71 00 YOUTHOUT) MING 18 JI OF TO THE J-1, 2 manifeld - War and the state of the stat trade Parameter Direct Cocketto vocasio Braident Ply per services DERIFORM AND OF VICTORIAN MUST HAVE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has

retained by the hospital or ottending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

3/ 1.	FOR STATE REGISTRAR	DEPARTA	CERTII	HEALTH AND MENTAL HYGIENE REG. NO.					
1. DE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH M	ONTH DAY YEAR	26 HOUR		
(TYPI	Lilly			SPIES	March 9,		8:07A		
3 SE	X 4	RACE		OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER TYEAR			
	emale	white	Apri		71	YRS.	THOUS MAN		
56	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY OR Baltimor		MI		
10 C	Baltimore	NAME OF HOSPITAL, NURSIN			12a. USUAL OCCUPATIO	WORKING LIFE) INDUSTR			
USU	AL RESIDENCE (IF NURSING HOM OF OF STATE	THER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	1134 INSIDE CITY LIMITS?	Housewife		n home		
Ma	ryland Anne	Arunde Severna		YES NO NO	1778 Wye I	rive 21122)		
	ather's Name Arthur Dicus	DDLE LAST		15. MOTHER'S MAIDEN NA FIRST Maggie King	MIDDLE		LAST		
1604	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRES	S			
/	no			Mr. Robert S	Spies 1778 W	lye Drive 2	21122		
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line lor (a), (b), on BY: Proba	ble S	epsis		BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH		
y, or other troumof	Conditions, il ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	ence of	T NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART	ltα		
8 shows ony injur	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI		ON WAS PERFORMED	200 AUTOPSY?		S, WERE FINDINGS USED IFYING CAUSES OF DEATH?		
					YES NOKK	YES 🗌	NO 🗌		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR		RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2	?)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, 1	FARM ETC)	21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE		
W Worked	220.1 certify that (**(this hospital sow the deceased alive on above (**(this hospital sow) (did) (did **(this hospital sow) (did) (ottended the deceosed from March 9	Marc 84	h 9 19 8 and that in (m¾ (our) opinion	4 to <u>March</u> deoth occurred on the dot		_, that (X (we) loss the couses stated		
# #ea	22b. SIGNATURE	Rolling	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF □ DIRECTOR □ PHYSICI		3/9/84		
PORTAN	22d PHYSICIAN'S NAME (TYPE OR I			22e ADDRESS	yland Genera.				
5	<u> </u>		NAME OF	CEMETERY OR CREMATORY	23d LOCATION	L HOSPICAL			
35	(SPECIFY) burial	March 13,84 St		ncis Cemeterv	Abbington				
124	Ambrose I	Guneral Home	328 S		TE RECED. BY REGISTRAR	the Davidson-1			

y or in mail ust maltine Palcisore Karyland Jeneral Jospital Pienes Sinksta March 9 84 Herell D 26 x the property of the same of the

(VR A15 ME (5) 20M 4/B2

STATE OF MARYLAND

(VR A) 5 ME (5)) 20M 4/82

4905 York Road Balto., MD

10	1 - 5	OR TATE EGISTRAR		DEPARTMENT		ARYLAND AND MENTAL ERTIFICATE	DEDEATH	7				
T	DEC	EASED NAME FIRST		WIOOFE		2a. DATE KNOWN	REG. NO. 2a. DATE KNOWN MONTH DAY YEAR 2b. HOU OF ESTI-					
a vi Mr.	(TYPE	ORPRINT) Eliza	beth	D.	Sprag	jue		19 84				
STREET I	SEX.	4 RACE	S. DATE OF BIRTH		(IN YEARS IF UN	DER 1 YR. IF UNDE	R 24 HRS. 20 DATE	MONTH DAY	YEAR 2d HOUF			
S S S S S	FW		10/8/07	10/8/07 76 YRS. DEAD 3								
UNERAL DIRECTE J. FOR YOUR FILE WITHIN 72 HOU PRESTON STRE		THPLACE (STATE OR EIGH COUNTRY)	76 CITIZEN OF WI	HAT COUNTRY?	8 MARRI WIDOW	ED NEVER MAR	RIED .	more City				
	0. CIT	Y OR TOWN OF DEATH	11. NAME OF HOS	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)								
54%/4	JD	Baltimore	4206 Kelway Road Secretary						Legal			
	3a. ST	RESIDENCE (IF IN NURSING HOME OF ATE 13b COUN		13c. CITY OR TOV	WN	13d. INSIDE CITY LIMITS?	136 SIKEEL ADDRESS	Rd. ay, 21218				
NEW ZOOM	14. FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIL			LAST			
にそのした	1	Charles	K.	Wocelu		Anne	Μ.	Yuski	evicz			
SS SS	16a. W	AS DECEASED EVER IN U.S. AR. S. NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SEC		17. INFORMANT	ADDR		0.1001			
SEAS /		NO IS CAUSE OF DEATH (Enter on		215 03		Read N	McCaffrey, Ba	alto., MD	21201			
IN ITE ALON SIT PER HYGIEN MOVAL		PARTI DEATH WAS CAUSED BY: HAMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease Conditions, if ony, which										
N PENCIL XAMINER AL-TRAN MENTAL NO, OR RE		gave rise to immediate cause (o) stoting the <u>under-lying cause last</u> .	(b)	AS A CONSEQUEN	NCE OF				10.00			
IDING" I	N	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE	E TERMINAL OISEASE	E OR CONDITION GIVEN IN	PART 1 (a).					
L GAR	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?										
CHIEF CALL ALL	TIFIC							,	YES NO X			
THE WO TO THE C HOULD BE ARTMENT OR TO BE	CAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF HOUR A.M DEATH P.M	A. MONTH DAY	YEAR	OW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEA	(18 PART 1 OR PART 2)				
ARDED AGE 3 SH ATE DEP	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOA TORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY	STATE			
OR: P.		22a Fcertify that Ftaak charge of the remains described above, held an Autapsy , Inspection X, Inquiry , and in my opinion										
E B E E E		deoth resulted from: Notu	ral couses X.	Accident,	Suicide		Undetermined manner					
THE CER SHOULD SHOULD ATH, WI RE, MAR		ACTUAL (1)	of to the	~ Uhill		TITLE (SPECIFY)	ant MEDICAL EXAMINER	DATE	3/6/84			
E ¥ & E B B 7	/	SIGNATURE	With the	Char	M	.D	MEDICAL EXAMINER	SIGNED	3,0,01			
EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARYLAND,		EXAMINER'S NAME (TYPE OR PRINT)	Margarita	A. Korell	L, M.D.	ADDRESS1]	ll Penn St. I	Balto.,MD.				
MASSES TO	23a.BL	RIAL, CREMATION, REMOVAL	236 DATE	23c. NAME O	F CEMETERY O	R CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE			
3P		ntombment	3/9/84	Gree	n Mou	nt		M				
DHMH - 17 /R A) 5 ME (5))	24 FU	ntombment	3/9/84 y W.,Je	Gree nkins &	Sons C	nt Do. 25a. DAT	Balto.	M	URE			

21212

MAR Q

Liutst Assistant Kall consider Charles K. Worslu Wassins A. Nursievies MSIS TO . CTO . CTORES WEST DESCRIPTION OF THE STREET

FOR - STATE

D REGISTRAR

STATE OF MARYLAND	17
EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

REG. NO.				
MARCH I,	1981	YEAR	12 K	IR O
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
88 YR	MONTHS	DAYS	HOURS	MIN
A DALTHAGDE CITY OF COLU	LITY OF DE			

THE OR MINT	LTER SP	RIGG	MARCH 1, 19	984 120
J M	4 RACE	5. DATE OF BIRTH MONTH DAY MAY 30 1895	6. AGE (IN YEARS LAST BIRTHDAY) 88 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
TE BIRTHPLACE ISTATE OF PORTION COUNTRY!	76. CITIZEN OF WHAT COUNTRY	* 8. **MARRIED NEVER MARRIED MIDOWED MID	BALTIMORE CITY OR COUNT	
BALTO	IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS) E NURSING HOME	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OF INDUSTRY
USUAL RESIDENCE IN PURILING HOAD	OUNTY 136. CITY OR TO	VN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS SUPE	RIOR ANES
IA FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	NNK NOWN	LAST
THE WAS DECEASED EVER IN U.S.	ARMED FORCEST 166 SOCIAL SEC 212-09	-2937 Mr. Deriolan	ADDRESS	- 2013 Royalow
PART 1. DEATH WAS CAL	r anly ane cause per line for (a), (b) of JSED BY:	cute Morandiel	Infarction .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4100	DUE TO, OR AS A CONSTOL	ENCE OF - D	0 .	

8. CAUSE OF DEATH (Enter and PART I, DEATH WAS CAUSE)	y ane cause per line for (a), (b) opd (c).)	BETWEEN ONSET AND DEA
	ECAUSE(0) Claste Majorndal Infarction	
4100	DUE TO, OR AS A CONSPOUENCE OF -	
Conditions, if any, which	(b) Inesteed Unterosclassin	year
couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF U	0

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2)

216. TIME OF INJURY Zie. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, HOTHY MEDICAL EXAMPLE) P.M. 214 INJURY OCCURRED 21e. PLACE OF INJURY

211. LOCATION STREET

COUNTY STATE

AT WORK 27s.1 certify that (1) (this hospital) attended the saw the deceased alive on

and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated DEGREE

CITY OR TOWN

d) (did not) view the bady after death 77h SIGNATURE 274 PHYSICIAN'S NAME THE DEPRINT

mo ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

STATE

22a. ADDRESS 4900

BRADLEY. B. 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 236 DATE

23c. NAME OF CEMETERY OR CREMATORY PARKWOOD

23d. LOCATION
CHYPORTOWN
ALTO COUNTY

LE ERAL DIRECTOR

230. DATE REC'D. BY REGISTRAR 236. REGISTRAR SSIGNA

DHMH - 16 50M 4/82 (VRA 15, 4)

to FUNERAL DIRECTOR. A should be detoched for use with the Stote Dept. of Heal

and and

n. 18 a

or He

ORTANT #

MEDICAL

Enter Standard Company of FOR PROPERTY OF THE PARTY OF TH Special with the commence of the section of the sec Secretary Secretary 11 - 11/8 = 3/1 / 19/1 C I standing the standard S RAM

FOR

injury, ar other traumatic event, the medical

MPORTANT: If them 21 is marked on them (18 shows ony

TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 mount by a second directors and the filled within 72 hours after death with the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be

retained by the haspital ar attending physician. BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGICUS

	- STATE REGISTRAR				CER	TIFICATE OF	DEATH	OILINE .	REG. N	10.			
	CEASED NAME E OR PRINT)	BER1		AIDDLE	D.	SPRIGO	SS	2a. DAT	OF DEATH	3 :	18	84	2b. HOUR
3. \$5	EMALE	(BLACE	<	Mg	TE OF BIRTH	14°	6. AGE	(IN YEARS LAST B	PRTHDAY)	IF UNI	DERIYEAR	IF UNDER 24 HRS
WI	IRTHPLACE (STATE OR P COUNTRY) NORT	H CAR	b. CITIZEN OF V	WHAT COUP SA	MAR WIDO	RIED NEVE	R MARRIED		MORE CITY	OR COUNT	Y OF D	EATH	MD
Ba	LTO.		2430 KE	EYWORT	H AVE	NE OR OTHER IN	STITUTION	(TYPE OF	IAL OCCUPAT WORK FOR MOST I RED			b. KIND OI IDUSTRY	F BUSINESS OR
13a.	AL RESIDENCE (IF NURS STATE D	13b. COUNT		BALTO	RTOWN	YES X	CITY LIMITS?	243	ET ADDRESS KEYWO	ORTH /	AVE.	216	2/5
GR	OVER			CKSON		HATT	R'S MAIDEN NA	AME	MIDDLE		DRAK	Œ LAST	T
	WAS DECEASED EVER		ED FORCES? WAR OR DATES)	246-0	9-0387		IE HAYES	s 360	FORRI		ROVE		MATE INTERVAL
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o1), storin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA	nediate ig the last.	(c) ONDITIONS <u>CC</u>	ontributin					EASE OR COM	20b. IF YE	S, WEI	re findin	
	216. ACCIDENT WAS UND OR CONTRIBUTING CONCREDITING CONCREDITING CONCREDITION CONCRE	AUSE OF DEAT CALEXAMINER) RED UILE (the hospite and offi	P./. 21e PLACE C (AT HOME, STR LL Dittended the	M. MONTI M. DF INJURY EET, FACTORY, C e deceosed	OFFICE, FARM ETC	21f. LOCA	y) (our) opinion ATTENDING PHYSICIAN	, to_n death acc	CITY OR TO CITY O	OWN date and ha	. 19 <u> </u>	OUNTY	STATE that (1) (we) last causes stated
23a.	BURIAL, CREMATION,	REMOVAL	LE UI	N	1 50	F CEMETERY O		23d. L	SCATION CITY OR TOWN	46,			
	UNERAL DIRECTOR	1,00	3/23		DRESS	PARK CEN			ARROLL BY REGISTRAI	R 25 B. REGIS	Mo	SIGN	STATE STATE
LE	KUY U. DYE	TT 460	U LIBER	RTY HG	TS. AVI	-	IVI	MAGU	1304	<u>y</u>			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

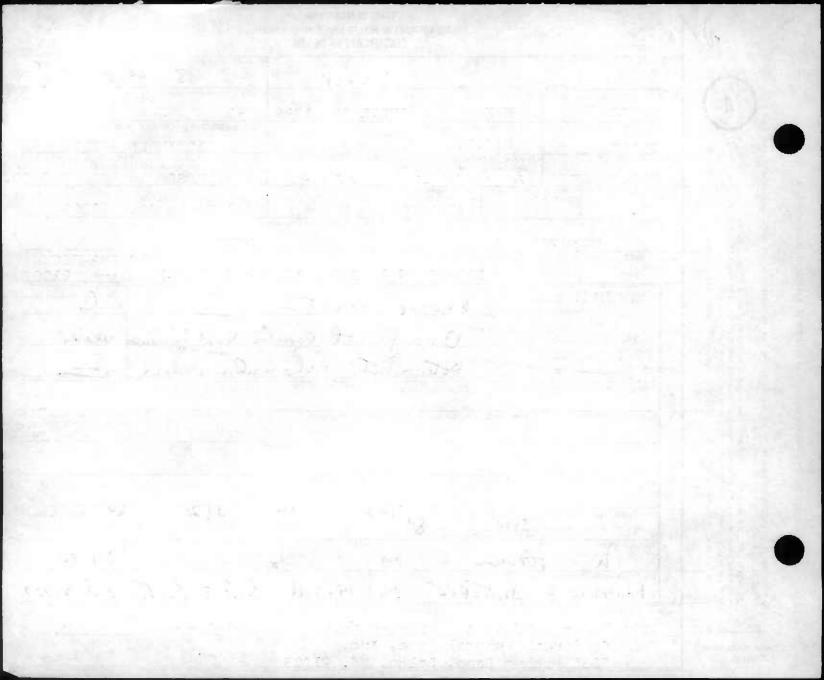
injury, or other troumotic event, the

MPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND	
CERTIFICATE OF DEATH	

١,	FOR		DEPART	MENT OF H	E OF MARYLA	ENTAL HYG	ieneO 7	- 2	0			
١.	STATE REGISTRAR			CERTIF	ICATE OF D	EATH	REC	3. NO.				
	CEASED NAME FIRST	MIDDLE			AST		20 DATE OF DEAT		DAY	YEAR	26. HOU	85
34A1	OR PRINT)	PHINE	THE C. SQUILACI					3	20	84	2	D M
3. SE		4. RACE	C.	5. DATE OF BIRTH			6. AGE (IN YEARS LA	ST BIRTHDAY)		DERIYEAR	IF UNDER	
F	PEMALE	WHI	WHITE APR			1890	93	Υ	RS MONTH	S DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8			D NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH					
l ì	ITALY	U.S.A. WIDOWE					BALTIMORE CITY MD.					MD.
10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION					12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
1	BALTIMORE	BON SECOURS HOSPITAL					SEAMSTRESS TAILORING CO					
USU.	AL RESIDENCE (IF NURSING HOME COTATE 136, COL	OR OTHER INSTITUTION	136 CITY OR TO		13d INSIDE CI	TY LIMITS?	13e.STREET ADDRI	SS / 7IP C	ODE			
	MD.	- BALTIMORE			YES K NO 2001 Eagle St. 212					223		
14. F.A	ATHER'S NAME			15. MOTHER'S MAIDEN NAME								
FIRST MIDDLE LAST UNKNOWN					FIRST UNKNOWN							
	VAS DECEASED EVER IN U.S. A	17 INFORMAN	NT T	Al	DDRESS 4	513	SHAN	MROC	K			
- {	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)				ROBT. PIAZZA (NEPHEW) AVE 21206						206
	18 CAUSE OF DEATH (Enter of	only one couse pe	r line for (o), (b), o	nd (ch.)						APPROXI BETWEEN	MATE INTER	VAL
	PART I. DEATH WAS CAUS	1-				und	1	16				
	HARDIATE CAUSE (0) CARDIAC ATTRES T											
	Conditions, if ony, which (16) Not Common with Rugartus Rant Toulines Wesley											
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE (CO.)											
NO	underlying couse lost. Due 10, OR AS A CONSTRUCTION CONTROLLED CON											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
MEDICAL CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH			H OPERATIO	N WAS PERFOR	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED						
Ē							YES NO YES NO NO					
E E	21a. ACCIDENT WAS UNDERLYING	URY OCCURE	RED (ENTER NATURE OF	INJURY IN ITE	M TS PART 1	OR PART 2)						
A	OR CONTRIBUTING CAUSE OF DE		.M. MONTH [DAY TEAK								
ĕ	21d. INJURY OCCURRED	21e. PLACE OF INJURY			211 LOCATIO	Ν	CITY OR TOWN			COUNTY STATE		
¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			SIMEEL		CITY OKTOWN			COUNTY STATE		
	22a. I certify that (I) (this hospital) attended the deceased from 3002 1999, to 324 1999, that (I) (we) lost											
	sow the deceased alive an 1980 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated											
	above, (1) (we) did) (did not) view the body ofter deoth. 226. SIGNATURE DEGREE 226. DATE SIGNED											
	ATTENDING MEDICAL STAFF JOHNSCIAN DIRECTOR PHYSICIAN											
	224 PHYSICIAN'S NAME (TYPE OF PRINT) 226 ADDRESS											
	hanceres & ANTIERNE AN 1940 W Buttest Rules and 21223											
23a. 1	BURIAL, CREMATION, REMOVA	1 236. DATE	23¢	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION					
	Entombment	3/23/			n Park		Baltin		COL	YIMU	Md.	TATE
24 F	UNERAL DIRECTOR DINUE					25a DAT	E REC'D. BY REGIST		GISTRAR'	S SIGNAT		
			ane, Ba			127 111	D 07 400	1	M. po	:1	Banda	0.0
_	3331 BI	EIIIIS	alle, Bo	LL LUA	TYLU .	LZILJ					-	

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPARTN		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	O.		
	CEASED NAME FIRST FOR PRINT) France	s A. St	allings		AST		MONTH DAY	YEAR 84	7 30 M
3. SE	Х	4 RACE		5. DATE (6. AGE (IN YEARS LAST BIR	THDAY IF U	INDER I YEAR	IF UNDER 24 HRS
1	Female	White	9	12		90	YRS.	- DAIS	THOUSE MAKE
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MAPRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH	
	MD.	U.S.A	1.	WIDOWE	DIVORCED [Baltimore	City		MD.
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
1	Baltimore		nes Hospi			Homemaker		Home	
	AL RESIDENCE (IF NURSING HOME STATE 136 CO		GIVE RESIDENCE BEFORE		1136. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
	MD.		Baltimo:		YES NO	605 Braesi		2122	9
14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	1
1	George	C.	Fav		Anne	F.		Kee	
	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ss Luthe	rvill	e. MD.
,	YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES	215 40 4	587	Eugene A. St	allings 862			ge Rd.
	18 CAUSE OF DEATH (Enter	anly ane cause per			0				MATE INTERVAL
111	PART I. DEATH WAS CAU	SED BY.	and o	Pu	Cunnary	anst			
	4249		R ASTA CONSEQUE	NCE OF				0	
	Canditions, if any, which	((b)	Como					2	46.
	gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF					
	underlying couse last	100210,0	eresio	2	inlarche.	ror heu	erla	10	
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	0,
NO.	Allers	scle	2000						
CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES		
CER	210. ACCIDENT WAS UNDERLYING	ted transfer to		WE 45	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF L	DEATH	M. MONTH DA M.	AY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION			COUNTY	STATE
A	WHILE NOT WHILE O	(AT HOME, STI	REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TO	MM	COUNTY	SIAIE
	228.1 certify that (I) (this has	spital-streaded th	a deceased from		10	to			that (I) (we) fast
	sow the deceased alive	on 5/5	194	4	nd that in (my) (aur) opinion	death occurred on the d	ate and hour ar		
	obove, (I) (we) (did) (did 22b, SIQNATURE	not) view the body	atter death.		DEGREE			22c. DAJE	SIGNED
	Midel	e ba	-dons	D	ATTENDING PHYSICIAN	MEDICAL STA	FF	3/3	1/84
	226. PHYSICIAN'S NAME (TYP				22e ADDRESS	_ DIRECTOR _ THION	TIM VIJALI		
	Michele (Gordon 1	M. D.		St. Agnes	Hospital			
23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Burial	4-3-84			Park Cometery	Baltimor		OUNTY	MD.
24. F	UNERAL DIRECTOR	1 4=3=0	1630	Edmo	ndson Ave 250. DAT	TE REC'D. BY REGISTRAR	25b. REGISTRAI	R'S SIGNAT	URE
0	roy M. & Russe.	13 C 1484				R 3 1984	" lia Dave		and also
-0.	LUY II. a NUSSE.	AA U. WII	LEVE PER	HOVIL	100	- DU-	1 OUNDER	TOWN - W	- UNICHE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages Pand 2 should the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

any injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shows

other and and an armed to the state of th Off of the work 2 = - xh - suurno A. stalling & 21 lees letting Son .1. ye with after all Set all a though with Many the second of the self-business of artist the distribution of the second of the second

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 haurs after death. Page 4 may be

ely filled in by the funeral director, page 3 Should be filed with m72 hours after death

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEASED				CC11111	ICATE OF DEATH	REG. N	0			
(TYPE OR PRINT		ŞT	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
110000	ARI	BUTUS	MARIE	ST	ANGE		3	4	84	P. ,
3. SEX		4 RACE		5. DATE C	OF BIRTH	6 AGE IN YEARS LAST BIR	THDAY	IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
/	Female	W	nite	MONTH	7 9 01	82	YRS		J DATS	MIN.
7a. BIRTHPLA	CE STATE OR FOREK	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUN	TY OF I	DEATH	
Maryl	and		.S.A.	WIDOWE	D DIVORCED	Baltim				M
	imore	(IF NOT IN SU	HOSPITAL, NURSING CHEACHLY, GIVE STREET A	ADDRESS)	DR OTHER INSTITUTION	17a USUAL OCCUPATI ITYPE OF WORK FOR MOST O Account			NDUSTRY	reif & I
Mary1	and 13b.	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 130 CITY OR TOW Baltimo:	N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS . 5614 Lock	zip co			Raven B: 21239
14. FATHER'S	FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE			1A.	ST
	arry	G.	Stang		First Lena	ADDRI			St	einbock
	RUNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	214-01-		Evelyn Jami:			e Ar	70	21227
-					BVCIVII Gami.	3011 1320 111	Ducu	71		CMATE INTERVAL ONSET AND DEATH
18 CA		nter only one couse pe AUSED BY: AEDIATE CAUSE (o)	r line to lui, (b), one	d (c).)	071	tur			BETWEEN	Coces
unde		the DUE TO, C	ONTRIBUTING TO E		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION	GIVEN II	V PART 1	σ'
190 DA	TE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CER	TIFYING	G CAUSES	NGS USED S OF DEATH?
SH Zia. A	CCIDENT WAS UNDERLY	NG 21b. TIME (OF INJURY		N WAS PERFORMED	YES NO	IN CER	TIFYING	G CAUSES	
00.00	1111	NG 21b. TIME O	J.P.			YES NO	IN CER	TIFYING	G CAUSES	OF DEATH?
OR CO	CCIDENT WAS UNDERLY NTRIBUTING C CAUSI IMER, NOTIFY MEDICALES JURY OCCURRED	OF DEATH (AMINER) 21b. TIME (HOUR A	DF INJURY .M. MONTH DA	AY YEAR		YES NO	IN CER	TIFYING YES	G CAUSES	OF DEATH?
OR CO 1# ET 21d. IN WHILE AT WOR 220.1 c	CCIDENT WAS UNDERLY INTRIBUTING CAUSS HER, NOTHY MEDICAL ES LUTRY OCCURRED AT WORK Sertify that (1) (thus	OF DEATH AMINER) 21b. TIME OF HOUR A P 21c. PLACE [AT HOME. S]	DE INJURY .M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE, F	AY YEAR 19 ARM.ETC)	21t. HOW INJURY OCCURI	YES NO	IN CER	TIFYING YES 8 PART I	COUNTY	SOF DEATH? NO STATE
OR CO 21d. White At WOR	CCIDENT WAS UNDERLY NTRIBUTING CAUSI HER NOTHY MEDICAL EI JURY OCCURRED NOT WHILE AT WORK certify that (1) (thu w the deceased of Owes, (1) (wes, (bid)	OF DEATH AMMINER) 21b. TIME (HOUR A 12miner) 21c. PLACE 1 AT HOME S	DE INJURY .M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE, F	AY YEAR 19 ARM.ETC) 7.3	21t. HOW INJURY OCCUR! 211 LOCATION STREET 7 8 0 , 19 and that in (my) (our) opinion	YES NO	IN CER	TIFYING YES 8 PART I	COUNTY	STATE that (1) (we) los couses stated
VECTOR OR COO 15 F E I V V V V V V V V V V V V V V V V V V	CCIDENT WAS UNDERLY INTRIBUTING CAUSI IMER, NOTHY MEDICAL EX UNITY OCCURRED NOT WHITE AT WORK CERTIFY that (1) (thus w the deceased of pave, (1) (well did)	OF DEATH (AMINER) 21b. TIME (HOUR A LAMINER) 21c. PLACE AT HOME S hospital) ottended to live an allow the boding to the bod	DE INJURY .M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE, F	AY YEAR 19 ARM.ETC) 7.3	21r. HOW INJURY OCCURE 211 LOCATION STREET 7. 8.0 , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1	YES NO	IN CER	TIFYING YES 8 PART I	COUNTY	STATE that (I) (we) los couses stated
VECTOR OR COO 15 F E I V V V V V V V V V V V V V V V V V V	CCIDENT WAS UNDERLY NTRIBUTING CAUSI HER, NOTHY MEDICALES JURY OCCURRED NOT WHILE AL WORK we the deceosed of DODGE, (1) (we) (3id) (1) THE	OF DEATH (AMINER) 21b. TIME (HOUR A LAMINER) 21c. PLACE AT HOME S hospital) ottended to live an allow the boding to the bod	DE INJURY .M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE, F	AY YEAR 19 ARM.ETC) 7.3	21r. HOW INJURY OCCURE 21I LOCATION STREET /* 8 0 , 19 nd that in (my) (our) opinion DEGREE ATTENDING .	YES NO CITY OR TO	IN CER	TIFYING YES 8 PART I	COUNTY	STATE that (I) (we) loss couses stated
OR CO 18 E E E E E E E E E E E E E E E E E E	CCIDENT WAS UNDERLY NTRIBUTING CAUSI HER, NOTHY MEDICALES JURY OCCURRED NOT WHILE AL WORK we the deceosed of DODGE, (1) (we) (3id) (1) THE	OF DEATH AMMINER) 21b. TIME (HOUR A 12b. PLACE 1AT HOME S 1 to spital) oftended to spital) oftended to	OF INJURY .M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE, F THE deceosed from The office of the off	AY YEAR 19 ARM.ETC) ARM.ETC) ARM.ETC)	21t. HOW INJURY OCCURI 211 LOCATION STREET 211 LOCATION (The street of the street of	YES NO CITY OR TO	IN CER	TIFYING YES 8 PART I	G CAUSES ORPART 2) COUNTY d from the 22t. DATE	STATE that (I) (we) loss couses stated

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon-papers. I with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remaval.

retained by the haspital or attending physician.

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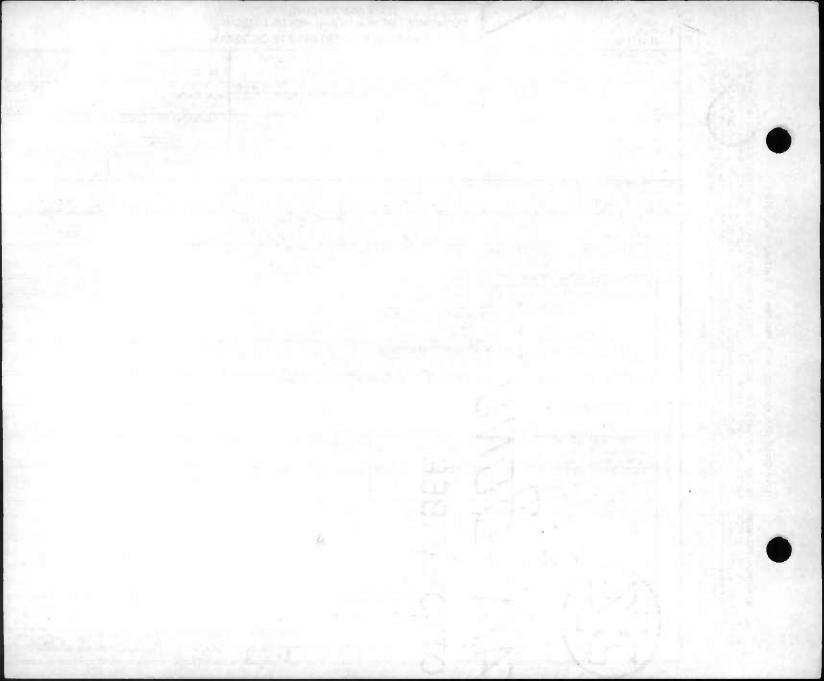
(VR A15 ME (5))

20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		OR		DE	EPARTMENT OF	HEALTH	AND WENTAL H	IYGIENE /	63 6	5		
1		TATE					ERTIFICATE O		REG.	NO.		
I		EASED NAM	E FIRST	,	MIDDLE		(BYRD)	2a. DA	IE KNOWN	MONTH	DAY YEAR	2b. HOUR
ı	(TYPE	OR PRINT)	John		E.	St	tanley		F ESTI- TH MATED	□ 3 -	30 1984	_ M
1	1. SEX		4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTH	YEARS IF UN			ATE	HTMOM	DAY YEAR	24 HOUR 3:15
ı	Ма	1le	Black		43 40	1110011111	S DAYS HOURS		DUNCED EAD	3-	30 1,84	D.W
1		THPLACE (S	STATE OR	76. CITIZEN OF WHA		Tr.	ED NEVER MARRI	ED X 9. BAL	TIMORE CIT	Y OR COUNT	OF DEATH	
7		rylar		U.S.	Α.	WIDOW	_		Baltimo	ore Cit	V,	MD
7		Y OR TOWN		11. NAME OF HOSPI			er institution	120 USUAL OC	CUPATION (TYPE OF WORK	26 KIND OF BU	JSINESS RY
	Ba.	ltimor	е		lent Hospi				.,			
3	USUAL 13a ST		(IF IN NURSING HOME OF	ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMIS	SION)	13d. INSIDE CITY LIMITS?	113e STREET AD	DRESS			
1		rylar			Baltimo		YES X NO	606 F	laker	Stree	t 212	217
0	14 FA	THER'S NAM	E	WIDOLE	LAST		15. MOTHER'S MAIDE		MIDOLE		LAST	
1		rthur			Cole		Ernest	tine			Byrd	
1	16a. W	AS DECEASE	DEVER IN U.S. ARM		16h SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDR	ESS		
	N	10				8598	Ernestin	ne Byrd	606	Baker		
		18. CAUSE C	OF DEATH (Enter only	y one couse per line fo	or (a), (b), and (c).)			_			APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
		PARITO		E CAUSE (a)	rdiac Arr		ıa					
		42	79		S A CONSEQUENCE							
1			ins, if ony, which ise to immediate	(b) CC	nduction	Syste	m Disease					
		cause (a lying car) stating the under-	DUE TO, OR A	S A CONSEQUENCE	E OF						
		iying co.	030 (03).	(c)								
ĺ		PART 2 DTNER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL OISEASE	DR CONDITION GIVEN IN PA	RT 1 to				
	CERTIFICATION											
1	ICA	190. DATE OF	FOPERATION	196 CONDITIO	ON FOR WHICH OP	ERATION W.	AS PERFORMED?				20 AUTOPSY	
	RTIF	AL EXTERNI	AL CAUSE WAS	21b TIME OF II	N. I.	Lavers					YES 🗌	NO X
	5	UNDERLYING	G DOR	HOUR A.M.	mjury month day ye.		OW INJURY OCCURRE	D (ENTER NATURE C	OF INJURY IN ITEA	A 18 PART I OR PAR	[2]	
		_	ING CAUSE OF D		19 INJURY (ATHOME	216 100	CATION					
	WED	WHILE	OCCURRED	STREET, FACTOR			TREET	CITY O	RIOWN	COU	NTY	STATE
		AT WORK	AT WORK		100							
		22a I cert	rify that I too charge	of the remains descri	bed obove, held on	Autops	sy 🔲 , Inspectio	n 💢 , Ingu	oiry	ond in my op	nion	
		death result	ted from	of couses X/1	gident A.	Suicide	, Homicide	Undetermine	d manner L	_],		
		ACTUAL	(// ()	51 1019	1- LAS		TITLE (SPECIFY)			DATE	2 23 6	
		SIGNATURE	-XX) WOUL	muse	M.	Deputy Ch.	1e thedical E	XAMINER	SIGNE	3-31-8	34
		EXAMINER'S	NAME TO	on D. Conid	h M D		1	11 Dann	Chrone			
_		(TYPE OR PR		as D. Smit			ADDRESS	11 Penn		<u> </u>		
	(SF	BUR	ATION, REMOVAL 2: IAL	4/4/84	23c. NAME OF C		rn Cem.		imore	COUN	Md ^s	TATE
	24. FU	NERAL DIRE	CTOR				25a.BATE	REGID. BY REGIS			GNATURE	O.
	Wn	n C M	arch F/H	Inc, ADDRESS 1	01 E Not	rth A	venue	7 100	///		1- Aandel	2
							APR	-/- Y	X4		•	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

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LI	H I OIENE	

1.	FOR STATE REGISTRAR			DEPARTI		ICATE OF	MENTAL HYO	GIEN'E ³	REG. N	10.			
	CEASED NAME	FIRST	N	IDDLE	L	AST		2a. DATE O	FDEATH	MONTH	DAY	YEAR	2b. HOUR
(TYPE	OR PRINT)	+ARKY			.50	ARK				03	15	84	6 B AN
3. SE			RACE			OF BIRTH 15	1888	6. AGE (IN)	YEARS LAST BI	RTHDAY)		DERIYEAR	IF UNDER 24 HRS
	MALE		CAUCA	TIAN	MONTH 12	Sex.	XX2	95 "	KOX 6	YRS	MONTH	DAYS	HOURS MIN.
	IRTHPLACE (STATEORE AUSTRIA	OREIGN 7b.	CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE		MARRIED -	9. BALTIMO	ORE CITY O	_		ETY	MC
10. C	BALTI MOI		(IF NOT IN SUCI	IOSPITAL, NURSIN HFACILITY, GIVE STREET NAT			STITUTION	170. USUAL ITYPE OF WOR	OCCUPAT IE MA	OF YORKING KER			THING
13a. S	MARYLAND	13b. COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMOR	N	YES X	CITY LIMITS?	130. STREET 3929		S LA	.,AP	T.D	21215
14. F/	ATHER'S NAME FIRST ABRAHAM	MIDI		'ARK		15. MOTHER	PIRST		KNOWN	ı		EAS	31
(WAS DECEASED EVER YES NO OR UNKNOWN)	IN U.S. ARME		166 SOCIAL SECU 055-10-7		17. INFORM	ANT MR CLARKS	RS. DOR		Ŕκ ΤΟ.,		D 212	:15
	18. CAUSE OF DEAT! PART I. DEATH W Conditions, if ony, gove rise to imm cause (a), stofin underlying cause	which mediate	Y: CAUSE (o) DUE TO, OR	SEP AS A CONSEQUE	SIS ENCE OF UMOA	JIA						20	UMATE INTERVAL ONSET AND DEATH
NOL	PART 2. OTHER SIGN	NIFICANT COM	NDITIONS <u>CC</u>	INTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM						
CERTIFICATION	19a DATE OF OPERAT	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	YES	OPSY?	IN CER			NGS USED S OF DEATH? NO
CAL CER	218. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	216. TIME OF HOUR A./	M. MONTH D	AY YEAR	21c. HOW	NJURY OCCUR	RED (ENTERNA	ATURE OF INJ	URY IN ITEM I	8 PART I C	OR PART 2)	
MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗇	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	211 LOCAT			CITY OR TO	OWN	(VINUO	STATE
	22a.1 certify that (1) sow the decease above, (1) we ye				3/3 84.01	nd that in (m	19 <u>84</u>	death accurre	3/19 ed on the d	date and h			that (I) (e) ost
	22b. SIGNATURE	Par	Wel	en		M.O.	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STA	AFF CIAN 🕏	-	3/c	SIGNED
	22d. PHYSICIAN'S NA					22e. ADDRI			56	5103	12.	301	
	CETH	1.505	D			Grad.	- there	TA. I	24, 11	4005	115	2 2/2	10

230. BURIAL, CREMATION, REMOVAL

23b. DATE MAR.16,1984 23c. NAME OF CEMETERY OR CREMATORY BNAI ISRAEL

23d. LOCATION BALTIMORE

COUNT MARY LAND TE

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. should be detached for use as the burial-transit permit. Then please remove carbanapee with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked at them 18 shows any injury, ar other traumatic event, the

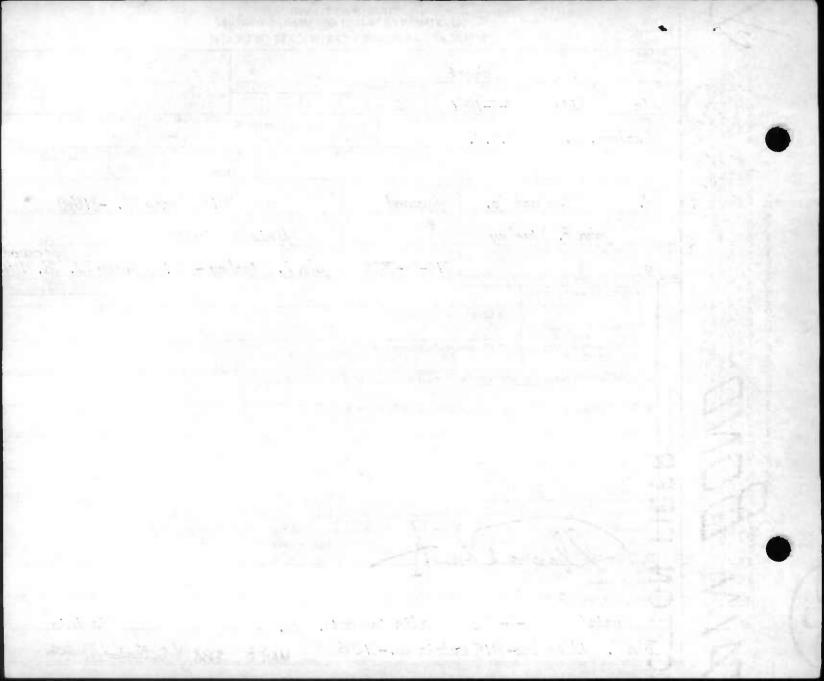
injury, ar other troumotic event, the

FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 212 24 FUNERAL DIRECTOR 21215 MAR 20 1984 Julia Dandon Anna Lee

51 ARK HARRY 03/03/84 S.BENESCH MILFORD MILL HOME MILFORD MILL HOME

20M 4/B2

STATE OF MARYLAND



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by th

should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked at Item 18 shews ony injury, ar ather traumotic event, th

STATE OF MARYLAND

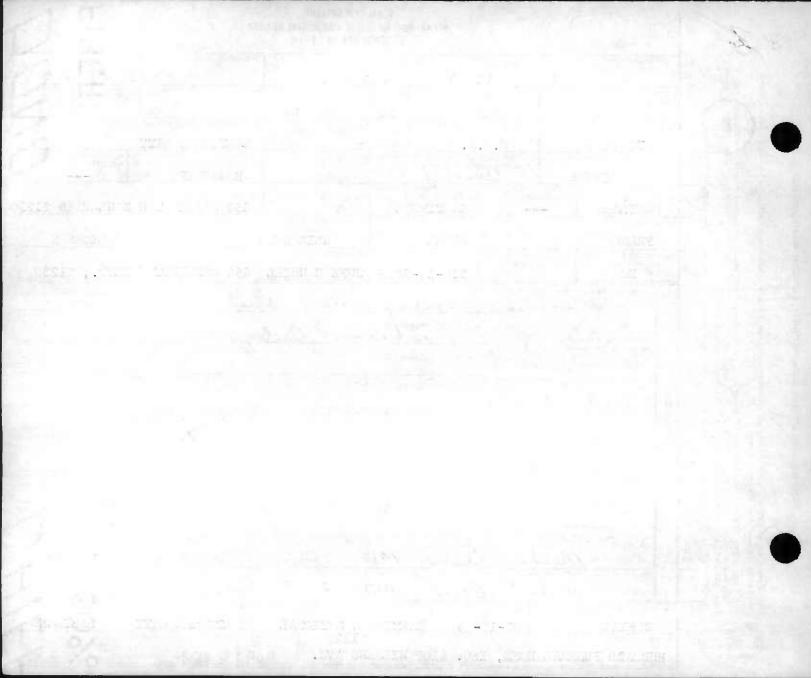
١	1 -	STATE REGISTRAR			DEPARI		ICATE O	DEATH	GIENE W	REG. N	D.			
I		EASED NAME	FIRST	,	MIODLE	ı	AST		2a. DATE	OF DEATH	MONTH OAT	YEAR	26 HOUR	R
1	(IABE (OR PRINT)	LORENC	E VI	IRGINIA	STE	BBING	5			3 15	84	611	SPM
1	3. SEX			RACE	2110 211 221	5. DATE C	OF BIRTH		6. AGE (1	N YEARS LAST BIR		UNDER I YEAR	IF UNDER 2	THC.2
J		FEMALE		WHIT	r F	10	04	4 04		79	YRS.	NIHS DAYS	HOURS	MIN,
A	7a. BIR	THPLACE (STATE ORF)	OREIGN 7h		WHAT COUNTRY	2 8			9 BALTIN		R COUNTY O	FDEATH	1	
Ά	C	DUNTRY)		11 0				R MARRIED						
4	In CIT	Y OR TOWN OF DEA	TH 11	U.S.	A . HOSPITAL, NURSI	WIDOWE		DIVORCED		T IMORE		12b. KIND C	E BLISTNIE	MD.
1	10. СП			(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADOPESS)	OTTIEK II	43111011014	(TYPE OF W	ORK FOR MOST C	F WORKING LIFE)	INDUSTRY	OF BUSINE.	33 OK
1	d.	BALTIMORE		U	nevi of	1110	•		HO	USEWIF	E	-		
	USUA 13a. S1	L RESIDENCE (# NURSI	NG HOME OR OTH		13c. CITY OR TO		1 13d. INSIDI	CITY LIMITS?	113e.STREE	T ADDRESS	ZIP CODE			
	M	ARYLAND			BALTIMO		YES 🔀	NO 🗌	654	WASHI	NGTON I	BOULEV	ARD 2	21230
1	14. FA1	HER'S NAME					15. MOTHE	R'S MAIDEN N	AME					
		FRANK	MID	OLE	BAKER		1	ELIZABET	ГН	WIDDIE		ALIC	ESON	
1		AS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SEC	URITY NO.	17. INFOR			ADDRE	SS			
ı	(YE	NO OR UNKNOWN)	(IF YES, GIVE W	AR OR OATES)	220-14-	.0995	TIME	CAUDILI	65/	MACHT	NGTON I	ST VID	2123	30
1							TOONE	CHODIL	n 024	WADIII	NGION I		IMATE INTER	
ł		PART I. DEATH W.	AS CAUSED E	BY:	line far (a), (b), a	nd ICI.)	lmon	ary o	cunt			\ \ \ \ \	ONSET AND	DEATH
1		4700	IMMEDIATE					0	W.					
1		Canditians, if any,	which	DUE IO, O	R AS A CONSEQU	n de of	run	eti	low			- 15		
1		gave rise to imm	nediate	(b)					10					
		cause (a), stating underlying cause		DUE TO, O	r as a consequ	JENCE OF						- 97		
		PART 2. OTHER SIGN	HEICANIT COL	(c)	ONTRIBUTING TO	DEATH BUT	NOT PELAT	ED TO THE TER	AAINI AI DISE	ASE OF CON	DITION GIVEN	INI PART I	0	
	Z	DA D. D.	DA O	0 0	A SINTRIBUTING TO	DEATH BOT	NOT KEEA	ED TO THE TER	MINAL DISE.	ASE OR COIT	DITION GIVE	IN LAKE II	u .	
Н	Ĕ	90 DATE OF OPERAT	ION /VIEL	TIPL COND	ITION FOR WHICH	H OPERATIO	N WAS PER	FORMED	20a Al	TOPSY?	20b. IF YES. V	WERE FINDI	NGS LISED	
	CERTIFICATION	THE DATE OF CIERA	1014	1770. CO.110	TOTAL OR WITHOU	TO EKATIO	11 11 A3 1 EN	OKINED		. 1	IN CERTIFYI	NG CAUSES	OF DEAT	H?
4	R	21g. ACCIDENT WAS UND	SOLVINIO C	21b. TIME O	F INTUINY		Die HOVE	INJURY OCCU	YES	ИОИ	YES		NO [
1		OR CONTRIBUTING	AUSE OF DEATH	HOUR A.		DAY YEAR	TIC. NOW	INJURY OCCU	KKED (ENTER	NATURE OF INSU	KA IM IIEW IR LAK	TORPARI 2)		
	CA	(IF EITHER, NOTHY MEDIC			M	19								
1	MEDICAL	21d. INJURY OCCURR		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)		EET		CITY OR TO	WN	COUNTY	\$1	ATE
1	<	AT WORK NOT WH	RK			1	1 4	130PM		1	4.0	-		
١		22a.1 certify that (1)	(this haspital) attended th	e deceased fram	3/	15		4 , to 3	113 61	15 19	87	that (1) (w	ve) last
Н		saw the decesse abave, (1) (we) (d	d glive an	iew the bady	after death	, a	nd that in (n	ny) (aur) opiniai	n deoth occu	rred an the d	ate and haur o	nd fram the	couses sta	ited
		226. SIGNATURE		0			DEGREE					22c. DATE	SIGNED	1
		/	Nech	acl 8	cont	MI	>	PHYSICIAN	MEDICA DIRECTO	OR PHYSIC		3/	15/89	
		224 PHYSICIAN'S NA	WE THE DER	(PHT)			22e. ADDI	RESS						200
			Michae	1 2	Cons	Mi	0	22 5.	Gree	n 54.	Ba	U.	MJ.	
		URIAL, CREMATION,	REMOVAL	23b. DATE	236.	NAME OF C	EMETERY C	R CREMATORY		CATION		COUNTY	SI	TATE
		BURIAL		03-19	≈84 B.	ALTIMO	RE NA	TIONAL		TIMORE			ARYLA	ND

DHMH - 16 50M 4/83 (VRA 15, 4)

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 21229

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Julia Davidson Randale



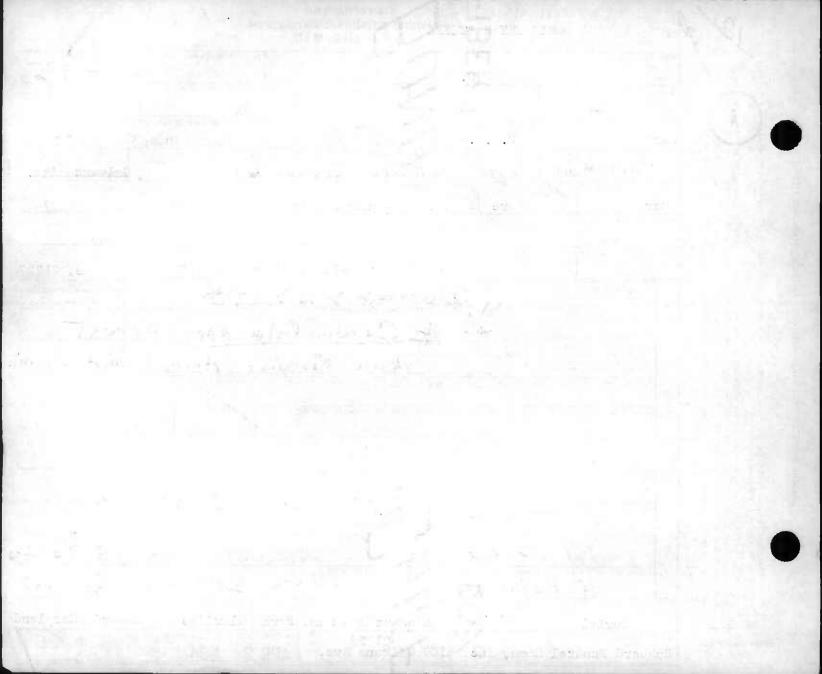
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

	ASED NAME	FIRST	1	MIDDLE	LA	ST	1.7	2a. DATE OF	DEATH M	ONTH DA		2b. I
(TYPE OR	R PRINT)	DORIS		G.	ST	EFFE			0.	3 30	84	3
3. SEX			4. RACE		5. DATE O			6. AGE (IN YE	ARS LAST BIRTH		ONTHS DAYS	
2	FEMAL	Ξ	WH	ITE	момтн 5	13	22	61		YRS.	DATS	
COL	HPLACE (STAT	OR FOREIGN		WHAT COUNTRY	(? 8	KI NEVER MA	RRIED 🗆	9. BALTIMOR	E CITY OR	COUNTY	OF DEATH	,
Mary	yland		U.S.A		WIDOWE	DI DIVO	ORCED [BA		nore		1+
LE	BALTIA	more	South		IMER Q	13	eral	120. USUAL O	CCUPATIO FORMOSTOFI LOCK (n Working Life) Der:	12b. KIND INDUSTRY	of Bu Y Ka
13a. STA		NAME OF REAL PROPERTY.	MTY .	13c. CITY OR TO	WN I	13d. INSIDE CIT	Y LIMITS?	13e.STREET A				H
	ry1and	Ba1	timore	Balto.	Highla		10 K		Annap	olis	Road	21
H FATH	HER'S NAME		MIDDLE	fact.			RST .		WIDDLE			TZA
1	Jon	UED BLILE AF	LIED FORGECO	Nuf			Pea	rl	ADDRES	c	Gr	ind
	S DECEASED E		/E WAR OR DATES)	16b. SOCIAL SEC	ļ	17. INFORMAN				100		
	NO			215-12	-2/19	Dale C	. Gre	entee	2/92	Virgi	nia A	
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CERTIFICATION	Conditions, if gove rise to couse (o), s underlying c	IMMEDIA ony, which immediate toting the outer lost. SIGNIFICANT	DUE TO, (b) DUE TO, (c) CONDITIONS CO 19b. COND	R AS A CONSEQUENCE ON TRIBUTING TO	ACU-	te G	O THE TERM	INAL DISEASE 200 AUTO YES	OR COND	20b. IF YES, IN CERTIFY YES	N IN PART I	IIIO SES OF I
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MEDICAL CERTIFICATION	Conditions, if gove rise to couse (a), s underlying c PART 2. OTHER On DATE OF OP On ACCIDENT WAR OF CONTRIBUTING (IF EITHER, NOTIFY IN WORK AND	IMMEDIA ony, which immediate totaling the puse lost. SIGNIFICANT I CANTON CONTROL CO	DUE TO, (b) DUE TO, (c) CONDITIONS CO 19b. COND 19b. COND 19b. COND 21b. TIME CO HOUR A. R) 21c. PLACE (AT HOME. STI	DNTRIBUTING TO	DO DEATH BUT I	NOT RELATED TO WAS PERFORA	O THE TERM MED JRY OCCURR	NAL DISEASE 200 AUTO YES RED (ENTER NAT	PSY? NO URE OF INJURY CITY OR TOW	20b. IF YES, IN CERTIFY YES IN ITEM 18 PAI	WERE FIND ING CAUSE	DINGS OF N
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MEDICAL CERTIFICATION	Conditions, if gove rise to couse (a), sunderlying country and control of the country and control of the country and control of the country and control of the country and country of the	IMMEDIA ony, which immediate totaling the puse lost. SIGNIFICANT I CAUSE OF DE MEDICAL EXAMINE CURRED IN WORK I (I) (I this hosp teosed olive or e) (did) (did not only the control of	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND 21b. TIME CO HOUR A. P. 21e. PLACE (AT HOME. STI	DNTRIBUTING TO	DO DEATH BUT I	NOT RELATED TO N WAS PERFORM 21c. HOW INJU 21l. LOCATION STREET 3 d that in (my) (co	O THE TERM MED URY OCCURR DURY OCCURR TENDING	INAL DISEASE 200 AUTO YES RED (ENTER NAT deoth occurred	OR CONDI	200. IF YES, IN CERTIFY YES IN ITEM IS PAIN N e ond hour	WERE FIND ING CAUSE COUNTY ond from the	DINGS OF N

DHMH - 16 50M 4/ (VRA 15, 4)

BP.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, fraid 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

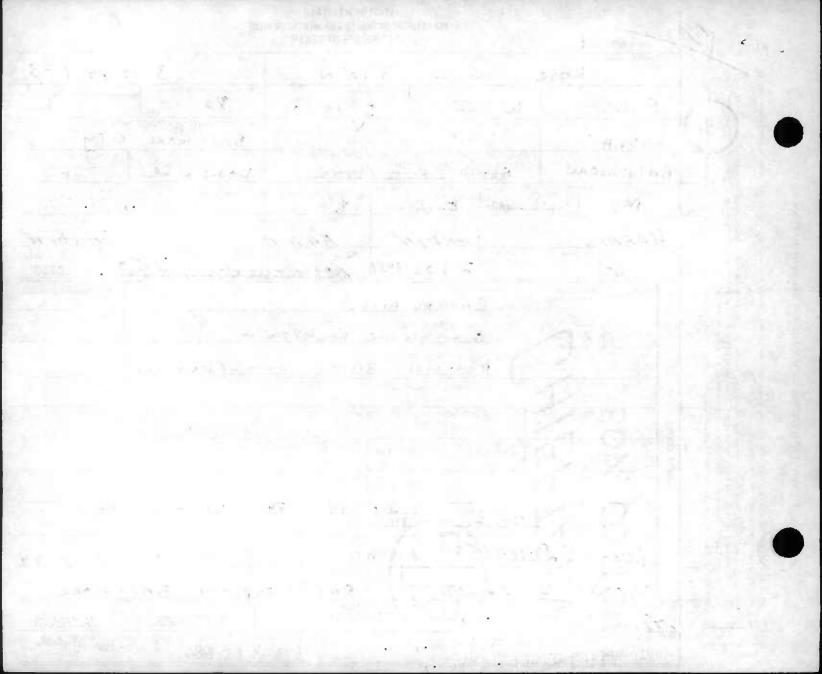
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

+	REGISTRAR		TMENT OF HEALTH AND MENTAL ⁴ H CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26. HOUR
(1996	Rose	CARDIN	Stein	3	1284 / 29
3.5E)		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
	F EMALE	W HITE	MONTH DAY YEAR	82	MONTHS DAYS HOURS M
7a: B1	RTHPLACE - (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY	7 8	BALTIMORE CITY OR COL	
1/0	SOUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimon	u ctu
		1. NAME OF HOSPITAL, NURS	ING HOME OF OTHER INSTITUTION	120. USUAL OCCUPATION	12h KIND OF BUSINESS
	Altimore		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	HOUSE WILL	AT HOME
13a. S	AL RESIDENCE (IF NURSING HOME OR O	Y 13c. CITY OR TO	WN 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6504 EBERLE	#21215
14 EA	ATHER'S NAME	XXXXXXXX BALTI	NORE YES NO		CHERI
1/2		DDLE CARD	FIRST	MIDDLE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SEC		EON STEIN ADATES.	202 6504 EBERI
0	YES, NO OR UNKNOWN) (IF YES, GIVE I	WAR OR DATES) 213 0	0 (9/10) 6.	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	. // -
			UENCE OF	A. * O	
NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	(b) Gram of Due to, or as a consequence of the contributing to	uence of	ncen (termin	N GIVEN IN PART 110
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c) Metast	OS: LIVE BACTERE AL. C BrEAST CA	RMINAL DISEASE OR CONDITION	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
A CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTIONS CONTRIBUTION FOR WHICH	UENCE OF ALL BIENST CA DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION 200 AUTOPSY? 200. INC.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P.M. MONTH 19.M.	UENCE OF ALL Brenst CA DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19	RMINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO X	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	UENCE OF Breast CA DEATH BUT NOT RELATED TO THE TE TH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	RMINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO X	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO EM. 18, PART 1 OR PART 2)
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MILE	DUE TO, OR AS A CONSEQUENCE OF THE PLACE OF INJURY AT HOME A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE 1) ottended the deceased from	UENCE OF ALL Brenst CA DEATH BUT NOT RELATED TO THE TE TH OPERATION WAS PERFORMED DAY YEAR 19 216. LOCATION STREET	RMINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO X URRED (ENTER NATURE OF INJURY IN ITE CITY OR TOWN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO CERTIFY NO COUNTY STATE COUNTY STATE
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTHER MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hospito sow the deceased alive and boove, (I) (we) (did) (did not) 22b. SIGNATURE	DUE TO, OR AS A CONSEQUENCE OF THE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE OF THE PLACE	UENCE OF A1. C Breast CA DEATH BUT NOT RELATED TO THE TE HOPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DEGREE MD ATTENDING PHYSICIAN	RMINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO NO NO URRED (ENTER NATURE OF INJURY IN ITE CITY OR TOWN TY to 3-12 on death occurred on the date on	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE About and from the couses stated
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 22a.1 certify that (1) (this hospito sow the deceased alive an obove, (l) (we) (did) (did not)	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	UENCE OF A1. C Breast CA DEATH BUT NOT RELATED TO THE TE TH OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCC STREET 217 - 84 19 84 and that in (my) (our) opinic DEGREE M D ATTENDING PHYSICIAN 220. ADDRESS	RMINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO NO NO NO NO NO NO NO NO NO NO NO NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 221. DATE SIGNED 3 - 12 - 5
WEDICAL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (this hospito sow the deceased alive an obove, (I) (we) (did) (did not). 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR F.	DUE TO, OR AS A CONSEQUENCE OF THE PRINCIPLE OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE OF INJURY) (AT HOME STREET, FACTORY, OFFICE OF	DEGREE DEGREE	RMINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO X URRED (ENTER NATURE OF INJURY IN ITE CITY OR TOWN 4 10 3 - 1 2 ON MEDICAL STAFF MEDICAL STAFF MEDICAL STAFF MEDICAL STAFF MEDICAL STAFF MEDICAL STAFF MEDICAL STAFF	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 4 that (I) (we) dhour and from the couses stated 22c. DATE SIGNED 3 - 12 - S Alimore COUNTY MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

HAVINAH IS. STORE STORE STORE STORE APPLICATION OF THE STORE FEMALE CAVASANA IS-26-460 SLAMET ELEGIST ASSIMED OF STREET STREET STREET LACTION BOLLS BOLLS WALDON 40 . 2001 LEE LALISTEM 5 (10%-50-01) GP ACUTE BOYCETT TO LUTTE TEST ASS. TTUDA 2014 - ANTE 1942 정전 그리스로 요요하다고요 그 목으로 하면 보는 수도로 보고 되게 하고말을 그게 되었다. And the continued of the contract of the contr

FOR STATE

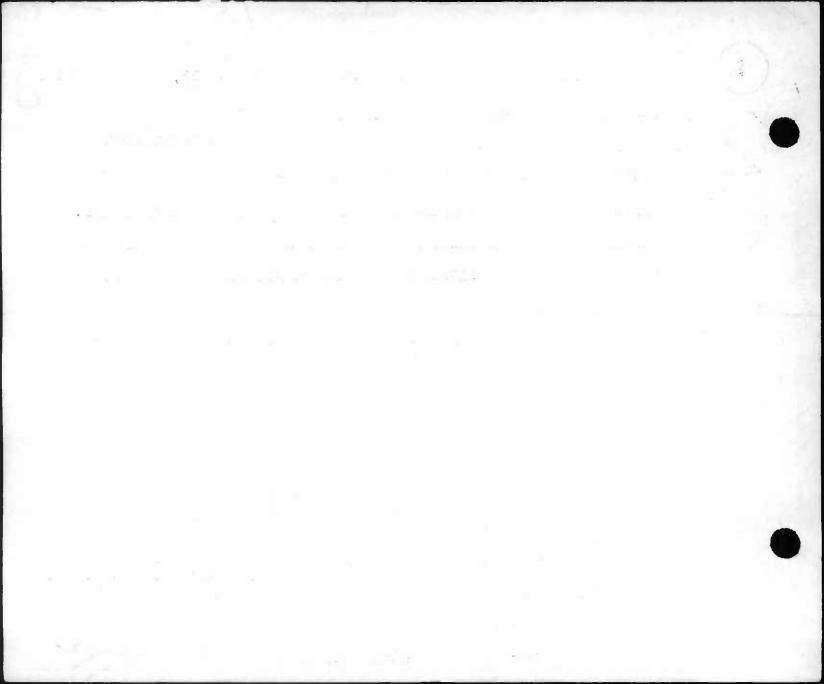
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR		(EKTIFIC	AIE OF DEAL	H	RE	G. NO.			
		CEASED NAME FIRST	DLE	LAS	1	1	a. DATE OF DEA		DAY YEAR	2b. HOU	JR A	
Š	TYPE	DIANA	ΔH		STER	RLING		MARCH	23,	L984	2:	15 "
	3. SEX		4. RACE	5	DATE OF			AGE (IN YEARS L	AST BIRTHOAY)	MONTHS DAY		24 HRS
	-	FEMALE	WHITE		05/	/19/40	/EAR	43		RS.	5 HOURS	MIN.
1		RTHPLACE (STATE OF FOREIGN OUNTRY)	76 CITIZEN OF WH	AT COUNTRY?	MADDIED	☐ NEVER MARR	IED X			INTY OF DEATH		
	MA	RYLAND	U.S.A.	v	VIDOWED	DIVORC	ED 🗌			E CITY		MD.
B		SALTIMORE		SPITAL, NURSING ACILITY GIVE STREET ADD HNS HOP				2a USUAL OCCU TYPE OF WORK FOR A Secreta	NOST OF WORK	NG LIFE) INDUSTE	OF BUSINI OOD	ESS OR
7	USUA	L RESIDENCE (# NURS HI)	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE AD	MISSION)						704	
V	13a. S	RYLAND		CITY OR TOWN		34 INSIDE CITY LI		3.346 S		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	r 21	229
	_	THER'S NAME				5 MOTHER'S MA						
		CHARLES	STT	ERLING		VIRGI	MTA	MID	DIE	MILES	LAST	
7	16a W	AC DECEASED EVED BLUE AD	MED FORCES? 16	b SOCIAL SECURIT	Y NO.	7 INFORMANT	41421	A	DDRESS	0.1.0.0.0		
	ľ	TAS DECEASED EVER IN U.S. AK.	E WAR OR DATES)	21738132	28	DIANA	H STE	ERLING		ABOVE		
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per lin D BY:	e for (0), (b), and (b	1	,	1	+	BETWE	OXIMATE INTE	DEATH
- 1			E CAUSE (a)	Carde	o Pu	Misue	ca (will	1	Im	medi	all
	-	1807	DUE TO, OR A	S A CONSEQUENCE	CEOF		1		CX		1	
		Conditions, if any, which gave rise to immediate	(p)	Colov	cal	Cancel	1 p	102100	ol va D	1sean	1 4 20	W_
		cause (a), stating the underlying cause last	DUE TO, OR A	S A CONSEQUEN	CE OF						U	
		PART 2. OTHER SIGNIFICANT O	ONDITIONS CON	TRIBUTING TO DEA	ATH BUT N	OT RELATED TO T	'HE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN PART	10	
	Ž O	NON	E									
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OF	PERATION	WAS PERFORME	D	200 AUTOPSY		F YES, WERE FINI ERTIFYING CAUS		
	TIF	NONE	-	1/	ON	F		YES NO		YES 🗌	NO	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 111		YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE C	OF INJURY IN ITE	M 18 PART TOR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	CIPI CIPI		19	N	A					
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE FARM		211 LOCATION STREET	.1.4	CITY OR TOWN COUNTY STATE				
		WHILE NOT WHILE AT WORK				- 1	NIF		1 -	/		
		220.1 certify that (1) (this hospi	- /	_	15/1	7 9 9 , 19	Spinian de	ath occurred as	bo data as	haur and fram t	_, thor (I)	
		saw the deceased alive on above (I)(we) (did) (did no	t) view the body att	ter death.		EGREE	opinion de		me date and		TE SIGNED	ulea
		THE SIGNATURES	01/2	h	100	ATTEN	IDING _	MEDICAL	STAFF \	/ // LUC. DA	La sa La	~0
_		22d. PHYSICIAN'S NAME (TYPE O	A UM	ve	m		600 N	DIRECTOR P		BALTO	MD	7_
		Cee	1	2 113		Tobas	Hank	ting IL	25 11/4	el 212		•
	23a B	URIAL, CREMATION, REMOVAL	23b DATE		ME OF CE	METERY OR CREM	ATORY	23d. LOCATION				
	(:	Removal	3/23/84					CITY OR TO	WN	COUNTY		STATE
	24 FU	INERAL DIRECTOR	1 / /				250 DATE	REC'D. BY REGIS		GISTRAR'S SIGN	ATURE	
		Anatomy	Board	ADDRESS B	alto.	, Md.	MAR	2 8 1984	Ma	, Davidan-1	Johnson	- 1

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshauld be detached for use as the burial-transit permit. Then please remave cowith the State Dept, of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is marked ar



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).			
		CEASED NAME FIRST	MIDDLE		AST	2a DATE OF DEATH	MONTH DAY	YEAR	PEN AM	
	1. SE)	m -	Sterli RACE B	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS	DER I YEAR	IF UNDER 24 HRS HOURS MIN.	
-			CITIZEN OF WHAT COUNT	RY? 8		9. BALTIMORE CITY OF	YRS. COUNTY OF DI	EATH		
5	13	alt, mo	U.S.	WIDOWE	NEVER MARRIED DIVORCED	Balti	norec	, ty	MD.	
3	B	12 1+ MD	1. NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVE ST UC) I UC (S)		GROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE IN	L KIND O DUSTRY	F BUSINESS OR	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF OT STATE 136 COUNTY			13d. INSIDE CITY LIMITS? YES NO		ZIP CODE	5 <i>t</i>	21217.	
Y	10	-	ODIE CKO-LOST	0.0	15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	đ	
4	16e. W	VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIALS	ECURITY NO.	17. INFORMANT	ADDRES	yer 182	1 We	est	
	-0	YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES) 216 0	58761	Harry O. St	terling Sr			St.	
	CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE	QUENCE OF			DITION GIVEN IN	RE FINDIN	NGS USED	
4	TIFIC	See Land				YES NOX	YES [CAUSES	NO [
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOI IFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OI	R PART ?)		
	MEDICAL	21d INJURY OCCURRED HILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC }	211 LOCATION STREET	CHTY OR TOV	VN CC	OUNTY	STATE	
		220.1 certify that (1) (this haspita saw the deceased plive an above (1) (we) (did (did nat)		011	nd that in my (our) apinian o	, ta3 — l — death accurred an the da		from the		
		OKOLALIS			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIL	3-1	SIGNED 1-EY	
		22d. PHYSICIAN & NAME (TYPE OR PRINT) A KAZAKS UMH.								
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3-2-84		emetery or crematory uburn	23d LOCATION CITY OF TOWN Westpo			MD. STATE	
	24 FL	UNERAL DIRECTOR	. 4000		250. DATE	E REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNAL	une of the contract of the con	

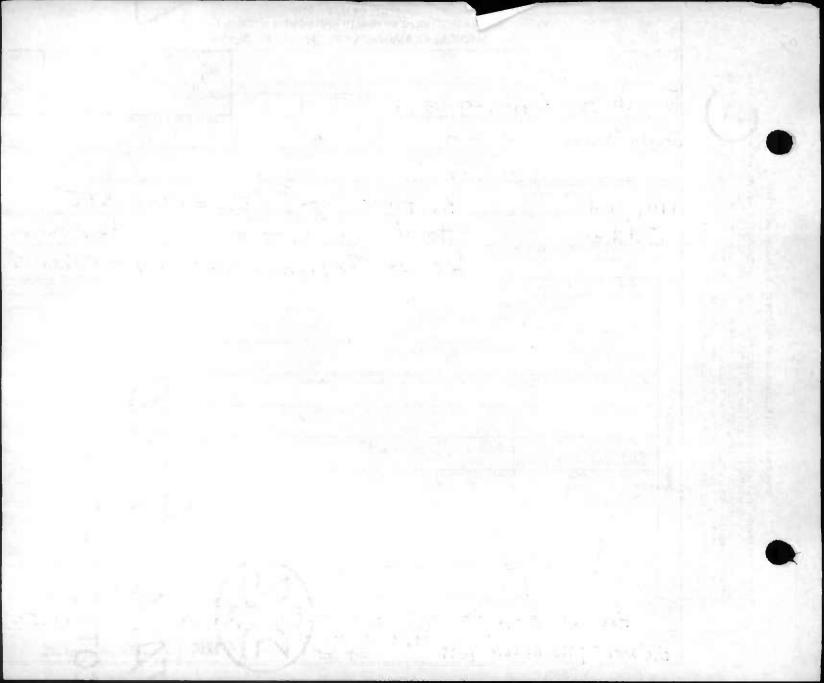
DHMH - 16 50M 4/83 (VRA 15, 4)

Charles A. Rice FSPA 1300 Eutaw Pl.

WAR 6

the same of the sa OKAMALI SERVER SERVER SERVER HERELLE AVE. . The maddle total area oblig to deliber.

		11-	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGH ER'S CERTIFICATE OF D		
		1. DE	EASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN MON	
	TON WEET,	100	MARY RACE Black RIHPLACE (STATE OR	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDA TO VE TO CITIZEN OF WHAT COUNTRY?	MONTHS DAYS HOURS MIN	PRONOUNCED DEAD 3	10 1984 11:17
	OTHER PARTY OF THE	So ID CI	TY OR TOWN OF DEATH	11, NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUTION 12a.	Baltimore C USUAL OCCUPATION (TYPE OF WO	ity MD
, 201 W. PRESTON ST., BALTIMORE, MD. 21201	SHOULD SH	130. S	LRESIDENCE (IF IN NURSING HOME OF	TO THE ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING	13d INSIDE CITY LIMITS? 13e.	STREET ADDRESS	ST 3/2/8
	S S S S S S S S S S S S S S S S S S S	16a. V	Eddie VAS DECEASED EVER IN U.S. ARM		Hatte TNO_ IT INFORMANT	ADDRESS	Per Kins
	MA HOURS AFTER TEM 18. GIVE PA ONG WITH FOR PERMIT. PAGES 1 SIENE, DIVISION VAL.	{Y	(IF YES, GIVE V	y one couse per line for (o), (b), and (c).)	- Francine	ster - 406	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	WITHIN S INCIL IN AINER AL TRANSIT VIAL HY OR REMO		Conditions, if ony, which gove rise to immediate cause (a) stating the <u>underlying cause</u> lost.	CONGESTIVE DUE TO, OR AS A CONSEQUENCE ((b) DUE TO, OR AS A CONSEQUENCE ((c)	DF		
RECORDS	AS A ALTH	ATION	19a. DATE OF OPERATION	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			20 AUTOPSY?
OF VITAL	WORD "P WORD "P WORD "P WORD "P BE USED ENT OF HI	RTIFIC	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c, HOW INJURY OCCURRED (EN	NITED ANALYSISE OF MARKEY IN TEAL IS BART I	YES NOX
NOIS	SHOULD THE SHOULD SHOUL	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR		TEN NATURE OF HOURS IN HERE 19 PART IN	on ran ej
DIVI	GER: THIS CERTIF CATE, WRITING FORWARDED TO OR: PAGE 3 SHG IHE STATE DEPAI (ND, 21201 PRIC	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.]	STREET	CITY OR TOWN	COUNTY STATE
	TO MEDICAL EXAMINES: THIS CES EXECUTE THE CETTIFICAEL WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DEI BLETT OPEN WARYLAND, 21201 PE			e af the remoins described above, held an al causes X, Accident , Su	TITLE (SPECIFY)	ndetermined manner ,	ATE 3-11-84
	O MEDIC KECUTE T AGE 4 SH AGE 4 SH FTER DEA FTER DEA	Y	EXAMINER'S NAME (TYPE OR PRINT) Ann		ADDRESS 111 Pen		Md. 21201
	BP		URIAL, CREMATION, REMOVAL 2. PECIFY) BUT L JNERAL DIRECTOR	3- 16-84 77. F	LIBURN CEM 230	BALTO.	COUNTY STATE OF A COUNTY STATE
	DHMH - 17 (VR A15 ME (5)) 20M 4/82	3	Round Totom	APSONODEST H. 14/3	Street MAR 1	1 4 1984 Julia Davi	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonapaers. Pages Land 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, crematian, or remaval.

MAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner to be a should be a soft in the medical examiner to be a should be a soft injury.

death

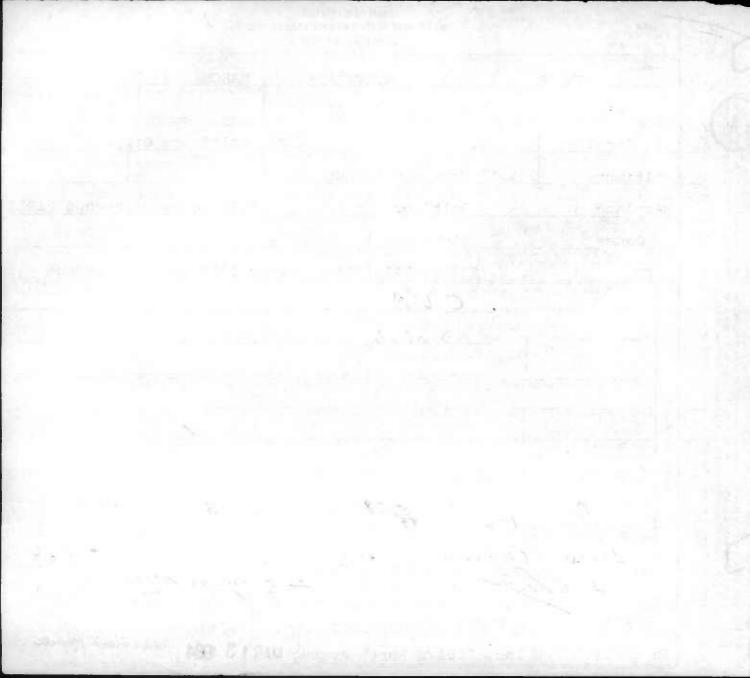
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
	CEASED NAME FIRST		MIDDLE	t	AST	26. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
TITE	JAMES	3		ST	EVENSON	MARCH	8.	1984	
SE)		4. RACE		5. DATE C		6 AGE IN YEARS LAST	- /	IF UNDER I YEAR	
	Male	Bl	ack	5 MONTH	21 15	68	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY			
	S. Carolina	U.S	.A.	WIDOWE	7777	Baltimo	ore C	city,	MD
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12h KIND	OF BUSINESS OR
Ba	altimore	1913	Homewo	· -	venue	(TYPE OF WORK FOR MOS	OF WORKING	LIFE) INDUSTRY	
JSU/	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)		1			
	aryland 13b. cou	NIY	Baltim		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		od Aver	ue 2121
	ATHER'S NAME		Darein	010	15. MOTHER'S MAIDEN NA		ic noc	74 717 01.	uc ziz
	Tamo C	WIDDLE	St OXTON	con	FIRST	WIDDLE		t	AST
(a.)/	James VAS DECEASED EVER IN U.S. AI	DAVED ECDICES?	Steven	-	17. INFORMANT	ADD	RESS		
	YES, NO OR UNKNOWN) YES, G	VE WAR OR DATES)							
_	NO		578-16-	/216	Clidy Harp	er 1913 i	lomew		
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per	line for (a), (b), an	ndre				BETWEEN	XMATE INTERVAL ONSET AND DEATH
		TE CAUSE (o)	CV	14					
	2500		R AS A CONSEOU	ENICE OF					
		DOL 10, O	K AS A CONSECU	ELACE OF					
	Conditions, if any which	() ()	1) 1 2	Dual:					
	Conditions, if any, which gove rise to immediate	(b)_	Dia	le li	-		-		
		DUE TO, O	R AS A CONSEOU	ENCE OF	-				
	gove rise to immediate cause (a), stating the underlying cause last.	(c)_							
N	gove rise to immediate cause (a), stating the	(c)_			NOT RELATED TO THE TERM	IINAL DISEASE OR CO	NDITION G	GIVEN IN PART T	10-
ATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT					
FICATION	gove rise to immediate cause (a), stating the underlying cause last.	(c)CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF Y	YES, WERE FIND TIFYING CAUSE	INGS USED S OF DEATH?
RTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(c)	ONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES []	INGS USED
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ONTRIBUTING TO	DEATH BUT		200 AUTOPSY?	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH?
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH?
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CONDITIONS CONDITIONS	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY	DEATH BUT FOPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y IN CER	YES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH?
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	CONDITIONS CONDITIONS	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M.	DEATH BUT FOPERATION AY YEAR 19	21c. HOW INJURY OCCURS	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF Y IN CER	YES, WERE FIND TIFYING CAUSE YES 8 PART I OR PART ?}	INGS USED S OF DEATH? NO
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	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETHER, NOTEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (II) this hosp saw the deceased alive a obove, (I) (we) (did) (did in	CONDITIONS CONDITIONS	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, 19 de deceased from 19	DEATH BUT OPERATIO AY YEAR 19 FARM EIC)	211. LOCATION SIREE1 19 nd that in (my) (our) opinion of	YES NO PRED (ENTER NATURE OF IN	206. IF Y IN CER	COUNTY	INGS USED S OF DEATH? NO STATE , that (I) (we) lost e couses stated
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE AT WORK AT WORK AT WORK Sow the deceased alive on sow the deceased alive on sow the deceased alive on sow the deceased alive on sow the deceased alive on sow the deceased alive on sow the deceased alive on sow the deceased alive on sow the deceased alive on sow the deceased alive on sow the deceased alive on sow the deceased alive on some statement of the source o	CONDITIONS CONDITIONS	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE, I	AY YEAR 19	211. LOCATION STREET 19 nd that in (my) (our) opinion of DEGREE ATTENDING	YES NO RED (ENTER NATURE OF IN	20b. IF Y IN CER	COUNTY	INGS USED S OF DEATH? NO STATE
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE TIL. INJURY OCCURRED WHILE AT WORK AT WORK 27a. I certify that (II) this hosp saw the deceased alive or above, (I) (we) (did) (did in 125). SIGNATURE 25 SAM	CONDITIONS CONDITIONS	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, 19 de deceased from 19	AY YEAR 19	211. LOCATION STREET 19 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	YES NO PRED (ENTER NATURE OF IN CITY OR death occurred on the	20b. IF Y IN CER	COUNTY	INGS USED S OF DEATH? NO STATE , that (I) (we) lost e couses stated
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETHER, NOTEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (II) this hosp saw the deceased alive a obove, (I) (we) (did) (did in	CONDITIONS CONDITIONS	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE, I	AY YEAR 19	211. LOCATION STREET 19 nd that in (my) (our) opinion of DEGREE ATTENDING	YES NO RED (ENTER NATURE OF IN	20b. IF Y IN CER	COUNTY	INGS USED S OF DEATH? NO STATE , that (I) (we) lost e couses stated
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE TIL. INJURY OCCURRED WHILE AT WORK AT WORK 27a. I certify that (II) this hosp saw the deceased alive or above, (I) (we) (did) (did in 125). SIGNATURE 25 SAM	CONDITIONS CONDITIONS	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE, I	AY YEAR 19	211. LOCATION STREET 19 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF IN	20b. IF Y IN CER	COUNTY	INGS USED S OF DEATH? NO STATE , that (I) (we) lost e couses stated
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WEDICAL MEDICAL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINE AT WORK 22a. I certify that (II) this hosp saw the deceased alive on obove, (I) (we) (did) (did in 22b. SIGNATURE	CONDITIONS CONDITIONS	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE, I	DEATH BUT OPERATIO AY YEAR 19 FARM EIC)	211. LOCATION STREET 211. LOCATION STREET 19 nd that in (my) (our) opinion of the physician physician 22e ADDRESS EMETERY OR CREMATORY	YES NO PRED (ENTER NATURE OF IN CITY OR DIRECTOR PHYS	20b. IF Y IN CER	COUNTY COUNTY COUNTY COUNTY	STATE
WEDICAL WEDICAL	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTHY MEDICAL EXAMINE 1 WORK AT WOR	CONDITIONS CONDITIONS	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE, ofter death. 184 LC	OPERATION AY YEAR 19 FARM EIC) NAME OF COudon	211. LOCATION STREET 211. LOCATION STREET 19 and that in (my) (our) opinion of Physician Physician 22e ADDRESS EMETERY OR CREMATORY Park Cem. 25e. DAT	700 AUTOPSY? YES NO PRED (ENTER NATURE OF IN CITY OR CITY OR DIRECTOR PHYS) 1234 LOCATION	20b. IF Y IN CER	COUNTY COUNTY 22c. DAT	STATE

DHMH - 16 50M 4/83

(VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c

retained by the haspital ar attending physicia

BP.

should be detached far use as the burial-transit permit. Then please remave carbant with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar rem

IMPORTANT: If Item 21 is marked or Item 18 shaws any

injury, ar other troumatic eve

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı		REGISTRAR				CERTIF	CATE OF D	EATH		REG. N	10.			
ı		CEASED NAME	FIRST	,	MIDDLE	T.	AST		20. DATE	OF DEATH	MONTH	CIAY	YE AR	26 HOUR
1	(TYPE	OR PRINT)	MARTH	J	EAN	STEV	ART				03	11	84	3:45 Am
1	3. SEX	x		4. RACE		5. DATE C			6. AGE ()	N YEARS LAST BE		IF UN	DER TYEAR	
ı		FEMALE		WHI		09	30	29		54	111			HOURS MIN
i	7a. BII	RTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	□ NEVER A	AARRIED T	9 BALTIN	ORE CITY O	OR COUP	ITY OF E	HTA	
ı		ORTH CARC	DLINA	U.S	.A.	WIDOWE		ORCED X	BAI	LTIMOR	E CI	TY		MD.
	10. CI	TY OR TOWN OF	DEATH		HOSPITAL, NU		ORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDU					b. KIND C	OF BUSINESS OR	
ŕ		BALTIMORE				NS FERRY	ROAD		TY	PIST			OFF	ICE
	13a S	AL RESIDENCE (# STATE IARYLAND	136 COUN		13c. CITY OR BALTI	TOWN	13d. INSIDE C	ITY LIMITS?	13e STREE	T ADDRESS			מע ע	., 21230
1		THER'S NAME			DUDIT	TIORE		MAIDEN NA		LIIOLL	TIAD	LEIVI	I KD	., 21230
7)	OLIN		MIDDLE	STEW			BEL		MIDDLE			DARN	
1		VAS DECEASED E				SECURITY NO.	17. INFORMA			ADDR	ESS			
ı	()	NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	212-2	6-8507	HOMER	HILL	3021	HOLLI	NS F	ERRY		
1		18 CAUSE OF D	EATH (Enter on	ly one couse per	fine for (a), (b	o), and (c).)			17/8	1000			BETWEEN	ONSET AND DEATH
1		PART I. DE AT	H WAS CAUSE	D BY: 'E CAUSE (0)	HEPAT	IC FAIL	JRE			3 1 1				
1		571	5		RASA CONS	EQUENCE OF								
ı		Conditions, if any, which ((b) CIRRHOSIS OF LIVER												
ı		gove rise to cause (a), s	immediate toting the	DUE TO O	RAS A CONS	EQUENCE OF								A TOTAL
ı		underlying co		(6)	K AS A COITS	E O O E I I C E O I								
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									PART 1	01		
1	O													
Ī	CERTIFICATION	190. DATE OF OP	ERATION	196 CONDI	TION FOR W	HICH OPERATIO	WAS PERFO	RMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA					
ı	TIF	1010							YES 🗌	NO	1111	YES [CAUSES	NO []
1	CER	21a. ACCIDENT WAS		110110 1	FINJURY M. MONTH	DAY YEAR	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)							
ı	AL	OR CONTRIBUTING	MEDIC AL EXAMINER	UH.		19								
ı	MEDICAL	21d. INJURY OCC	CURRED	21e. PLACE			211 LOCATIO	N		CITY OR TO	nwn.	-	YINDO	STATE
	×	WHILE NO	T WORK	(ATHOME, STR	REEL FACTORY, OF	FFICE, FARM, ETC)	JIRCEI			CIII On I				
		22a. I certify tho	t (I) (this haspi	tal) attended th	e deceased f	am /	2/	. 19.87	, ta	3/	17	. 19.	34.	that (I) (we) last
١			eosed alive on		3/7	19 gry . on	d that in (my)	(aur) apinian	death accur	rred on the	late and i	hour and	from the	couses stated
ı		obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE								22c. DATE	SIGNED			
ı				1				TTENDING PHYSICIAN F	MEDICA	OR PHYSI			3/	12/84
1		22d. PHYSICIAN	S NAME (TYPE O	R PRINT)	-		22e ADDRES						-//	7 -
		MALIN R	EHMAN,	M.D.			2717	HAMMOI	NDS FE	ERRY R	OAD			
		BURIAL, CREMATION				23c NAME OF C	EMETERY OR C	REMATORY		CATION		0.00	ALL THE	(1.76
	,	BURLAL		03-14	-84	MEADOWE	RIDGE M	EM. PK.		RIDGE	HO	WARD	MA]	RYLAND
	24. FL	INERAL DIRECTO	R		ADD	1000	21229			Y REGISTRAF	256. REC	SISTRAR'S	SSIGNAT	TURE
	HU	BBARD FU	INERAL I	HOME, IN			IS AVE.	M	AR 1	1004	del	in Tax	i.d	80
-											-	-	44° + 4" - 4 TT	TARREST PROPERTY

DHMH - 16 50M 4/83 (VRA 15, 4)

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1 DEC	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 25 HOL
(TYPE			Stiekman	3-27-84	121
3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER
	Female	White	8 26 12	71 YRS.	MONTHS DAYS HOURS
-	RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
	Mary I and	USAT	WIDOWED DIVORCED	City	
6	Balto.	(IF NOT IN SUCH FACILITY, GIVE STRE	7 ·	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE HOMEMAKE Y	126. KIND OF BUSIN INDUSTRY
130 S 8 M	AL PESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE SER NTY 130, CITY OF TO BOLL OF	ORE ADMISSION) 13d. INSIDE CITY LIMITS? YES NO	3507 Plates	en Ave 2
14. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	LAST
	Charles Benn			Grace Har	baugh
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 2.175	7 / / / / 7	timore ADDRESS MD Stiekman 2667 Osi	
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), (b)		1.1.	APPROXIMATE INTE
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQ	DUENCE OF ASCVD	of Lutosetion	Many Ye
NO	gove rise to immediate cause (a), stating the underlying couse last.	(c)			Many Ye
TIFICATION	gove rise to immediate cause (a), stating the underlying couse last.	(c) CONDITIONS CONTRIBUTING TO	QUENCE OF ASCVD	MINAL DISEASE OR CONDITION GI 20a AUTOPSY? 20b. 1F YE IN CERT	VEN IN PART 116 S, WERE FINDINGS USE IFYING CAUSES OF DEA ES TO NO I
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH	DUENCE OF ASCUD O DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED DAY YEAR 21c. HOW INJURY OCCUR	MINAL DISEASE OR CONDITION GI 20a AUTOPSY? 20b. 1F YE IN CERT	S, WERE FINDINGS USE IFYING CAUSES OF DEA ES NO
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH	DUENCE OF ASCUD O DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCCUR	200 AUTOPSY? YES NO 200 NO STATE OF THE PROPERTY OF THE PROPE	S, WERE FINDINGS USE IFYING CAUSES OF DEA ES NO
	gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK 22a.1 certify that (1) (this hospi	(c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIATION) (tol) ottended the deceased from	DUENCE OF ASCUD O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 21t. HOW INJURY OCCUR 19 21t. LOCATION STREET 19 2-27, 19 4	200 AUTOPSY? 200 IF YES NO NO ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN	S, WERE FINDINGS USE IFYING CAUSES OF DEA ES NO [PART I OR PART 2) COUNTY , 19 , that (I) (
	gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMINES	(c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIATION) (tol) ottended the deceased from	DUENCE OF ASCUD O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 21t. HOW INJURY OCCUR STREET A 3-27, 19 , and that in (my) (aur) apinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN ITEM 18	S, WERE FINDINGS USE IFYING CAUSES OF DEA ES NO [PART I OR PART 2) COUNTY , 19 , that (II (

DHMH - 16 50M 4/82 (VRA 15, 4)

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8728 Liberty Rd. Randallstown, MD 21133

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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(1)	-	3	(4)	4

		REGISTRAR				CERTIF	ICAIE OF DEATH	REG. NO	O.		
		CEASED NAME OR PRINT)	Joyce		olyn		IESIFER	March 16,			26 HOUR 11:20A
	3. SE X			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	T YEAR DAYS	IF UNDER 24 HRS HOURS MIN.
	F	emale		White		2	25 1943	41	YRS.		
Z		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEA	ATH	
1	H	anover,	Pa.	U.S.	. A .	WIDOWE		Baltimore	? City		MD.
7	200	Baltimore			HOSPITAL, NURSIN H FACILITY GIVE STREET INC. GENERAL TOSPITALITY OF THE PROPERTY OF THE PROPER		OR OTHER INSTITUTION Spital	120 USUAL OCCUPATE SHOPE OF WORK FOR MOST 9	ON 12b. K	IND OF	BUSINESS OR hing
5	13a S	TATE ryland	URSING HOME OR	TY	GIVE RESIDENCE BEFORE 13: CITY OR TOW Westmin	N .	-	414 ADDRESS	ZIP CODE A	211 pt.	57 A4
V	IA FA	Harry Harry		M.	Stones		Catherin	ne Rebe			yder
2		(AS DECEASED EV	ER IN U.S. ARA		166 SOCIAL SECU		17. INFORMANT 6 Margaret		er West.		
	Z	PART 2. OTHER S	iny, which immediate ating the use lost.	DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO	R AS A CONSEOUE Status Pour R AS A CONSEQUE	ENCE OF ENCE OF	nary Embolus erative Gastr			ART 11a	
	CERTIFICATION	Exogenou 19a DATE OF OPE March 9	RATION	19b. COND			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA		OF DEATH?
1	MEDICAL CERT	21a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY M	UNDERLYING CAUSE OF DEA	OF DEATH HOUR A.M. MONTH DAY			21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			
	MED	21d. INJURY OCCI	WHILE WORK	(AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO			STATE
		220.1 certify th XXI) (this hospital) attended the deceased from March 4 19 84 to March 9, 19 84, that YiV (we) locate the deceased alive on March 9 19 84 and that in (Xy) (aur) opinion death occurred on the date and haur and from the causes stated above 1 (we) (did) (for Xy) (i.e., 1) body after death.									auses stated
		Th SIGNATURE	_ /	125	Q)-,	Mil	ATTENDING PHYSICIAN	MEDICAL STAI	FF	3/16	
		224 PHYSICIAN'S	NAME (IT	Bou	indy	m, E	c/o Maryland	d General Ho	ospital		
		urial, crematio Surial	N, REMOVAL	3-20-	84 Et	· Ma	ry's Cemete	ry Silver	Run Car	rol	1 Mä.

DHMH - 16 50M 4/83 (VRA 15, 4)

March Is, 1984 E MALLESTON . Carolyn 2 25 1943 Female White residence residence Hanover, Pa. U.S.A. Sewing Factory Clothing Latin or Lampin Concret to privile 414 Poole Rd. Apt. A4 Maryland Carroll Westminster x Stonesifer Catherine Rebecca Snyder Harry M. 414 Poole Rd. Apt A4 215-42-8226 Margaret Stonesifer West. Md. 21157 oM Aderogreeinam of the Stormen and Esongeric March 21 1364 Michocurcinous of the Propingua EX 3/26/84 c/o light and harders whereited also

Burial 3-20-84 St. Mary's Cemetery Silver Run Carroll Md.
Thomas D. Fletcher & Son F.H.
Restminsterin director.

BALTO..

MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR 25, 84 26-IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AT HOME APT. B-1 3608 CLARINTH RD. 21215 LIEBERMAN JACK STRAUSSRESSAPT. J-21 21215 3600 LABYRINTH RD. BALTO., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 84. __ and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN TO DIRECTOR PHYSICIAN exindale Hebrew Geriatric Belverder & Green Spring Baltimore STATE MAR. 26, 1984 COUNTY ANSHE EMUNAH BALTIMORE 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR SOL LEVINSON & BROS., INC.

STATE OF MARYLAND

DHMH - 16 50M 1/76 (VR A 15 (4))

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after dentil. Page may be retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction of should be detacked for use as the buriol-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filled — their Andrews nature is eath with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
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IMPORTANT: If Hem 21 is marked or Hem 28 stooms any injury, ar other troumotic event, the medical act

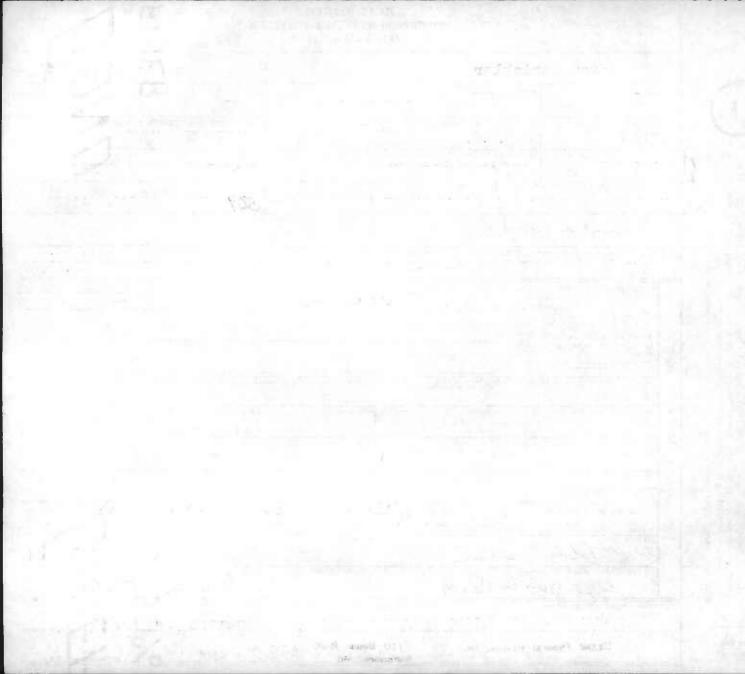
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	1 -	REGISTRAR			CERTII	FICATE OF DEATH	REG. N	IO.	
		CEASED NAME FIRST ORPRINT) Fred S	trickle	r r		LAST	20 DATE OF DEATH	MONTH DAY VEAR	2b. HOUR M
I	3. SE	ALE	4. RACEWHIT	E	S. DATE O		6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	EDXX NEVER MARRIED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEATH	ty MD.
		TY OR TOWN OF DEATH LTIMORE		HOSPITAL, NURSIN		OR OTHER INSTITUTION	TEDUCATORST		HING
	13a. S	RYLAND BA	NGHAM ROAD	21229					
-	14. FA	JOCOB STR	LAS	ST					
	16a. W	(AS DECEASED EVER IN U.S. ES. (16 YES.	ARMED FORCES? GIVE WAS OR DATES!	319-28-6		VALENTINA STE	RICKLER 509	B. IT I THOUGH	, MD. RD.21229
	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS			NCE OF	NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR CON	IDITION GIVEN IN PART 14	NGS USED
	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE EITHER, NOTHEY MEDICAL EXAM 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME IT	DEATH P. 21e. PLACE (AT HOME, STA on) not) view the body	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F) The deceosed from	31	211 LOCATION SIREET 211 LOCATION SIREET 19 DEGREE ATTENDING PHYSICIAN 212 ADDRESS	CITY OR TO	19 24. Jote and hour and from the	
		060	2010 6	KUY		ST	. Agn	as Hos	
	(URIAL, CREMATION, REMOV SPECIFY BURIAL INERAL DIRECTOR NAME DIPPOI FUR	APR 3,	1984 HOL	Y TR	Belair Road APP	23d. LOCATION CITY OF TOWN PICK VICE E REC'D. BY REGISTRAR 2 1984		STATE MD TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the execution of an injury after the many be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete tilled in by the funeral director, should be detacked for use as the buriol-transit permit. Then please remove carbon paper. Foger and 2 should be fired within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
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injury, ar other traumotic event, #

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

FOR STATE

STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR		CENTIL	ICATE OF DEATH	REG. NO	J.					
1. DECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR				
Elizab			riegle		-23-84	9.30pm				
3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS DAY					
- P	W)	°3 1887	97	YRS.					
Balto., Md.	76. CITIZEN OF WHAT COU	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	DATES M	R COUNTY OF DEATH	MD.				
Balto., Md.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV St. Agnes I	NURSING HOME C E STREET ADDRESS) HOSP.		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Factory W	FWORKING LIFE) INDUSTR	OF BUSINESS OR				
USUAL RESIDENCE (IF NURSING HOMEO 131. STATE MD.	NTY 13c, CITY O		13d. INSIDE CITY LIMITS?		THVIEW RD	21043				
FATHER'S NAME FIRST Unkne	MIDDLE LA	ST	15. MOTHER'S MAIDEN NA late Lena			LAST				
WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA 21509	L SECURITY NO.	17. INFORMANT Mrs Gladys	ADDRE WAltemeyer 2		21043 Lew RD				
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON DUE TO, OR AS A CON DUE TO, OR AS A CON (c) MALE SA	SEQUENCE OF	77	LUS CARCIANTS L MINAL DISEASE OR COND	imus ton	DXMATE INTERVAL NONSET AND DEATH				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINE IN CERTIFYING CAUSI YES					
T10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	HOUR A.M. MONT	19	216. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR		STATE				
22a I certify that (I) (this hasp sow the deceased alive or	270.1 certify that (1) (this hospital) attended the deceased from 3-19, 19, 500, to 3-23, 19, 501, that (1) (we) 19, sow the deceased alive on 3-23, 19, 501, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.									
ana	. aceredo			MEDICAL STAF	F. 2	23-84				
22d PHYSICIAN'S NAME (TYPE	CEVEDO	MD	220. ADDRESS AN	T. AGhes	Hospi TA	7 4				
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b DATE March 26'84		emetery or crematory on Park	23d LOCATION Baltimor	e Maryland	STATE				

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial March 26'84 Loudon Park
PARTY H Witzke 4112 Columbia Rd Ellicott City

25a. DATE REC'D.

AND THE PARTY OF THE

Howard
Unknown late Lena Matthewn
21063

entite that walteneyer 1936 Southwiew RD

Burial March 26'84 Loudon Park Caltinoru Marriand Marry W Witzke 2112 Columbia Rd Ellicott City

within 24 hours of

FOR DEPARTMENT OF HEALTH AND M

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR						REG. NO.					
	CEASED NAME FIRST		MIDDLE	(AS	1	2a. DATE OF D			YEAR	26. HOUR		
	Geor	'Ge	W.	21	roud		3	- 1	84	2		
3. SEX	x 1	4. RACE		5. DATE OF	BIRTH YEAR	6 AGE (IN YEAR	IS LAST BIRTHDA	Y) IF U	NDER I YEAR	HOURS I		
	Male	W	hite	7	4 1893		90	YRS.				
7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER MARRIED □	9. BALTIMORE	CITY OR CO	DUNTY OF	DEATH			
4	rKUNSA S	43	1	WIDOWED		Batten	2010	Cit	V			
10. CI	ITY OR TOWN OF DEATH			NG HOME OR	OTHER INSTITUTION	12a USUAL OC				F BUSINESS		
Li	Saltimore,	1 11	Cardens	ADDRESS)	nter	O OS	TTZ		B.+a	RAILR		
	AL RESIDENCE (IF NURSING HOP	AE OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE	E ADMISSION)	1100				D-10	100112		
130. 5	ind in	ALTO.	13c. CITY OR TOW	011	YES NO X	13e. STREET AD	7 Cee	/ 0	211	212		
N. FA	ATHER'S NAME	191 (1.	Carry L		S. MOTHER'S MAIDEN NA	ME		12	1 / 2 .	01101		
V.	FIRST	MIDDLE	LAST		FIRST	- A	MIDDLE		LAS	T.		
160 \0	VAS DECEASED EVER IN U.S	ADMED ECOCESS	16b. SOCIAL SECU	IDITY NO. 1	17. INFORMANT	Unko	ADDRESS					
		S, GIVE WAR OR DATES)	Ma de de de		1//////	./-	- 11	1 1	11			
	00		105-05	-3569	Howard Corde	WS 41	100 HAY	ford	ld.			
	18. CAUSE OF DEATH (Enter only one couse per line for (og (b), ond (c).) PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY:											
	IMMEDIATE CAUSE (0) Proside My Condial (N Parection)											
9/00 DUE TO, OR AS A CONSEQUENCE OF												
10 To The Color of the Color of												
gove rise to immediate												
	Conditions, if any, which		10		derotic	Heari	87	feets				
	gove rise to immediate couse (a), stating the	DUE TO, C	DR AS A CONSEQUE	herose	denstie	Heari	07	Jests				
	gove rise to immediate	DUE TO, C	DR AS A CONSEQUE	herose	deroti e	Heari	87	Jeste				
,	gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICAL	DUE TO, C		herose ENCE OF		AINAL DISEASE C	DR CONDITION	ON GIVEN	IN PART 11	01		
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DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 upaid be filler with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed retained by the hospital or ottending physician.

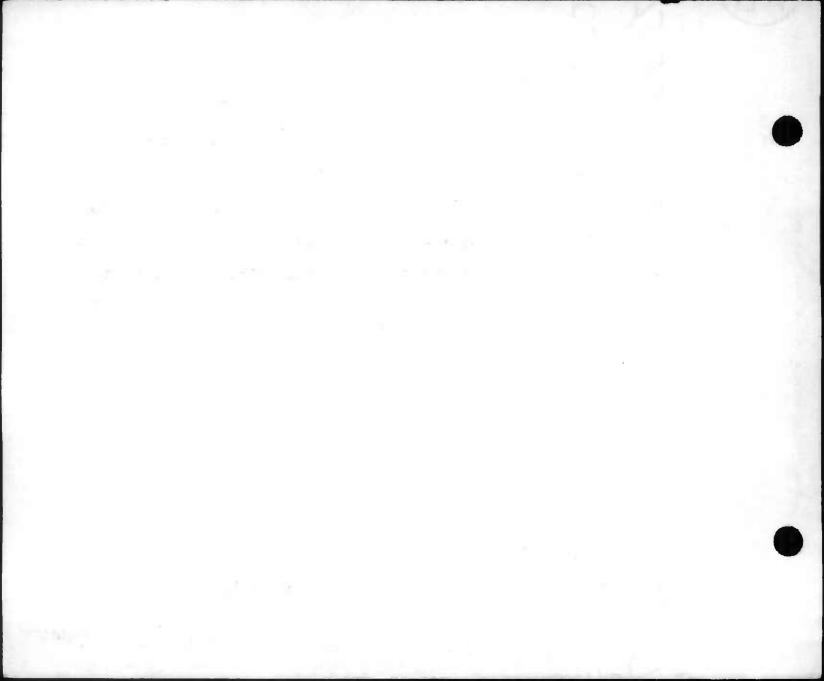
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STATE OF MAKTLAND									
DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
CERTIFICATE OF DEATH									

		REGISTRAR				CERT	FICATE OF L	ZEAIN		REG. NO).		
\		CEASED NAME	FIRST)	AIDDLE		LAST		2a DATE OF	DEATH	MONTH D	AY YEAR 2	b. HOUR
)	(1172	CK PRINT)	7/120	beth	E,	Sulliv	an			Mo	nich 2	9 1944	м
<i>f</i>	3. SE			RACE			OF BIRTH		6 AGE (INY	EARS LAST BIRT			F UNDER 24 HRS
100		Female	Blac	Black 8 ^{NIM} 5 26					57 YRS. MONTHS DAYS HOURS				
8/4		RTHPLACE (STATE OFF	OREIGN 7		OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X						R COUNTY		
20		MD			USA WIDOWED DIVORCED					timo	re Ci	ity	MD.
20					of Hospital, Nursing Home or Other Institution Such Facility Gaze Street Address) Druid Park Lake Dr.					OCCUPATION FOR MOST OF	ON F WORKING LIFE	12b. KIND OF I INDUSTRY	BUSINESS OR
	USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITU 13a STATE MD				GIVE RESIDENCE 130 CITY OR Balti	BEFORE ADMISSION TOWN LMORE	13d. INSIDE C YE SX	NO 🗌	13e.STREET /	ADDRESS/ Drui	zır code d Par	k Lake	21217 Dr.
	14. F.A	THER'S NAME	M	IDDLE	LAST	ī	15 MOTHER	S MAIDEN NA	ME	MIDDLE		LAST	
20		Samuel		S	ulliy	ran		Anna		Mad	e	Heard	
		VAS DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO	17. INFORMA	INT		ADDRE:	SS		
medico		OV.	(# 163, 5116	THE OR DRIES,	217-2	20-949	5 Edna	Wyche	168	S. Me	orley	st.	
1		18 CAUSE OF DEATH PART I. DEATH W	1 (Enter only	one cause per								BETWEEN ON	ATE INTERVAL ISET AND DEATH
			AS CAUSED IMMEDIATE									548	GAS
		1629		DUE TO, OI	R AS A CONS	SEQUENCE OF						/	
	Conditions, if ony, which ((b)												
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
		underlying cause	last.	(c)	(6)								
	NO	PART 2 OTHER SIGN	HEICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING	G TO DEATH B	JT NOT RELATED	TO THE TERM	INAL DISEAS	EORCONE	DITION GIVE	EN IN PART 110	
7	CERTIFICATION	19a DATE OF OPERAT	ION	1%. CONDI	CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTOPSY? 206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO YES NO			
	CER	21a. ACCIDENT WAS UND		21b. TIME O		DAY YEA	21c. HOW IN	JURY OCCURE	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
1	AL	OR CONTRIBUTING C		P.J		19							
	MEDICAL	21d. INJURY OCCURR	ED	21e. PLACE		FFICE, FARM, ETC.)	21f LOCATION			CITY OR TOV	WN	COUNTY	STATE
	Σ	WHILE NOT WH	ILE	(ATTIOME STR	LET, PACTORT, OF	Trice, ranim ere j					6	5.4/	
		22a.1 certify that (1)		all attended the	e deceased f	rom O	7	19 83	to/	Civ	1	19, the	at (I) (we) last
		saw the decease above, (I) (we) (d		view the body		19_41	and that in (my)	(aur) apinian	death occurre	ed on the do	ate and haur	and from the co	uses stated
1		226 SIGNATURE	lys	Komer.	5		DEGREE	ATTENDING \ PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN 🔲	3/38	GNED 84
<i>†</i>		22d PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e. ADDRES		,	oital	1		
	23a. E	SURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF	CEMETERY OR	CREMATORY	23d LOCA	ATION OR TOWN		COUNTY	STATE
	-	Burial		4/3/8	34	Mt.	Zion C	em.		Ltimo		- M	
3	24 F	JNERAL DIRECTOR	1-	F/H	1 1 0 1 ^{ADDI}	® No.3	th Ave	250_DAI	REC'D. BY R	1984°	2SI REGIST	ROBERS SONO M	made
		Talm C M	a ran	H / H	1 1 1 7 1	C. INC)	CII TAY	-4 1-41	() I	W			

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physicion.



	FOR	
-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				CERTIF	ICATE OF DEATH		REG.	NO.				
		CEASED NAME	FIRST		MIDDLE		LAST	20 DAT	E OF DEATH	MONTH	DAY	YEAR	2b H	OUR
		orpring ohn			Raphael	, Su	llivan			3	4	84	8	40 AM
	3 SEX			4. RACE	w price or	5. DATE C		6 AGE	(IN YEARS LAST	BIRTHDAY)	#F UN	DER 1 YEAR	IF UNI	DER 24 HRS
		Male	9	WI	nite	MONTH		- 76	7	S- YRS		151 DAYS	HOUR	S MIN.
1	7a, BIF	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTR	RY? 8	D NEVER MARRIED	41		Y <u>OR</u> COUN		HTASC		50 61
-		io		U.S.	A.	□ Bà	<i>iltimo</i>	re Ci	ty,			MD.		
1	10. CT	TY OR TOWN OF DEA	ATH		HOSPITAL, NUR		OR OTHER INSTITUTION		JAL OCCUP	ATION STOF WORKING		B. KIND ONDUSTRY	F BUS	INESS OR
1	Ba	ltimore	1	Mercy	Hospit	tal				athol.		Prie	st	
r	130. S	AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BE		1136. INSIDE CITY LIMITS	S? 13e STR	EET ADDRES	SS				
1	Ma	ryland		timore		sville	YES NO	60:		len Ch	oice	Lan	e	21228
1	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE	E		LAS	ST.	
1		John		T.	Sulliv	van	Johanna				-	O'Gr	ady	
7		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SI	ECURITY NO.	17. INFORMANT			DRESS				
		No		,	532-44-	-0420	Rev. Edwar	rd J. F	razer	, S.S.	,540			
		18 CAUSE OF DEAT	H (Enter or	ly one cause per	line for (a), (b),	, ond (c).						BETWEEN	ONSET A	ND DEATH
		PART I. DEATH W		D BY: TE CAUSE (a)	Cardi	ac F	friest			2.1				
		7254	9	DUE TO, O	R AS A CONSE	QUENCE OF	0 1		1.0		-			
		Conditions, if any, which (b) Congestive Caroliomy opathy												
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
		underlying couse	lost.	(c)_										
		PART 2 OTHER SIGI	NIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL DIS	EASE OR CO	NOITION	SIVEN IN	V PART 10	0	
	CERTIFICATION								10.1					
1	2	190. DATE OF OPERA	TION	196. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a A	AUTOPSY?			RE FINDING CAUSES		
	1							YES		ן נ	YES		NO	
7		210. ACCIDENT WAS UN	_	110110 4	M. MONTH	DAY YEAR	21c. HOW INJURY OC	CURRED (ENT	ER NATURE OF	NJURY IN ITEM T	B PART 1	ORPART 2)		
	S	(IF EITHER NOTIFY MEDI			M.	19				9				
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY	ICE, FARM, ETC.)	211 LOCATION STREET		CITYO	RTOWN	(COUNTY		STATE
	1	AT WORK NOT WE	HILE											
		220.1 certify that (1)	-	77 4	e deceased fro	C 01			3-	- 4	19		thot (I	(we) last
		saw the deceas above, (1) whi	ed alive on did (did no	100	ofter death.	9	nd that in (my)(our) opi	nion death acc	urred on the	e dote and h				
		226. SIGNATURE	-	7-0	0	-	DEGREE ATTENDIN	NG MEDIC	ΓΔ1 S	TAFF .		22c. DATE	SIGNI	ED
J.		Heo	rge	11/	orner	PV	PHYSICIA		TOR PHY			3-4	7-8	59
1	ŀ	22d. PHYSICIAN'S N	AME (TYPE C	OR PRINT)	D		22e. ADDRESS	. /	, ,	D	11	m	7	
		Deore	9€.	M	Doye		Mercy 1	405017	al	Da	17.	mi	D	
	230 B	BURIAL, CREMATION,	REMOVAL			30 NAME OF	CEMETERY OR CREMATO	ORY 23d. L	OCATION CITY OF TOWN	4	co	UNTY	18	STATE
		Burial		3-7-84	1	Sulpic	ian Cemeter		Catons	ville	Bar1	to.	Mar	uland
	24 FU	JNERAL DIRECTOR			ADDRE	SS		DATE REC'D.	BY REGISTR	AR 25b. REG	ISTRAR!	5 SIGN AT	ORE.	
	1	Leonard	J.R	uck, Inc	. Balt	timore,	Md.	MARIO	100	. 1				

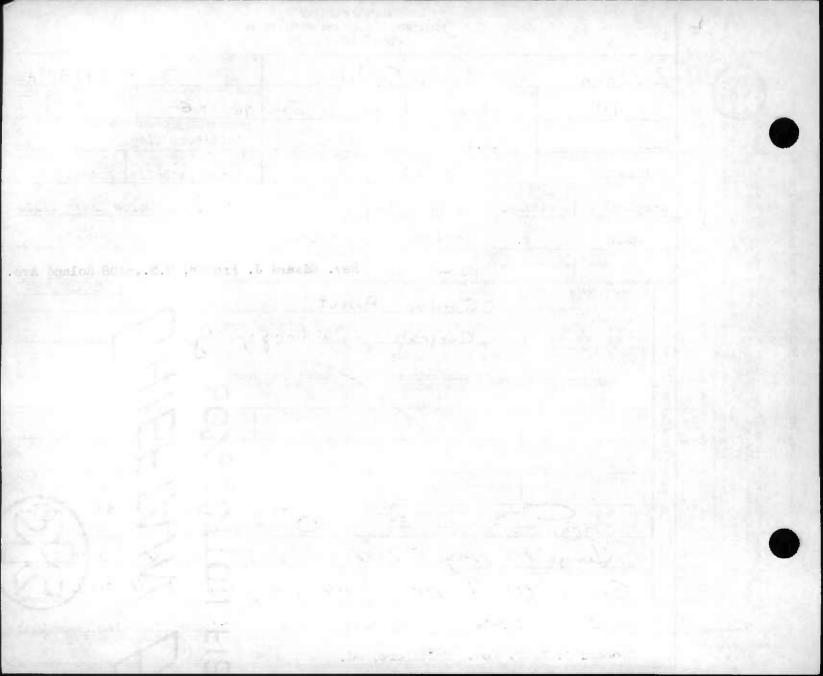
DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR. After should be deteched for use or with the State Dept. of Health

TO HOSPITAL OR ATTENDING PHYSICIAN. The

been goed by the attending physicion and a min. Then please remove carbonoppers: Pages min. Property of removal. The plant of the programment of the medical

WPORTANT, if them 21 is marked of them 18 shows any



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page retained by the hospital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

IMPORTANT: If them 21 is morked at them 18 show, any injury, at other traumotic event, the medical examiner must be not red of order

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

1 -	STATE REGISTRAR			DEI		FICATE OF DEA		REG. N	10.				
	CEASED NAME	FIRST		AIDDLE		LAST		2a. DATE OF DEATH	MONTH	DAY YE	AR 2b H	OUR NO	
11112	MAT	KDA	-	> 06	LIVA	N		3-2-	54	•	1	704	
3. SE)	(T	I. RACE			OF BIRTH		6 AGE LINYEARS LAST BE	RTHDAY)	MONTHS (YEAR IF UNI		
F	emale		White	2	4		897	86	YRS.	MONTHS	JATS HOUR	5 MIN.	
7a. Bil	RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF		ITRY? 8			9. BALTIMORE CITY		Y OF DEAT	н		
	irginia		U.S.A	5	WIDOW	ED 🔀 NEVER MAR		Baltimo	re Ci	+37		MD	
	TY OR TOWN OF DEA	ATH 1	1. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INSTITU		12a. USUAL OCCUPAT	ION	12b. KII	ND OF BUSI		
Baltimore			Balt i	H FACILITY, GIVE	STREET ADDRESS)	Hospital		TYPE OF WORK FOR MOST				Mar f	
	AL RESIDENCE (IF NURS	ING HOME OR						Press Ope	stato	T] KII	eem i	MQI.	
13a. S	TATE	116 COUN'	TY	13c. CITY OF	NWOT	13d. INSIDE CITY		13e. STREET ADDRESS			- 1	0101	
THE RESERVE OF THE PERSON NAMED IN	aryland	ватт	imore	Edger	nere	YES NOTHER'S M	O X	2308 Loc	ige F	arm	Road	2121	
1	THER'S NAME	N	MODLE	LAS	iT .	FIRS	T	MIDDLE			LAST		
_	lijah				vson	Moll	.У			S	now		
160-7	VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT		ADDR	ESS				
No	YES, NO OR UNKNOWN)			212-	18-7319	Weldon	R.	Sullivan	S	ame		3e	
	18 CAUSE OF DEAT			line far (a), (b1, and (c1.)		i			BETY	PPROXIMATE IN WEEN ONSET A	ND DEATH	
	PART I. DEATH W		BY: CAUSE (0)	CAR	DIAC	Anes	+						
	0.329	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		BAS A CON	CEOUENCEIOE	_							
	Canditions, if any, which (b) Probable SEPS()												
	gave rise to imn	nediate) (0)_										
	underlying cause	DUE 10, O	R AS A CON	SEQUENCE OF									
	PART 2 OTHER SIGN	JIEIC ANT C	ONDITIONS CO	NITPIRUTINI	G TO DEATH BU	IT NOT PELATED TO	THE TEDAA	INAL DISEASE OR COM	ADITION GIV	VEN IN PA	PT Un		
Z	TAKT 2 OTTLEK STOP	VIII ICAIVI C	ONDINONS <u>C</u>	51411110011114	O TO DEATH	THO TREE TO	THE TERM	MITAL DISEASE ON CO.	1011011				
MEDICAL CERTIFICATION	19g. DATE OF OPERAT	TION	19b. COND	TION FOR W	FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YE						S, WERE FINDINGS USED		
5								VEC 0 1100			USES OF DE		
EX	71a. ACCIDENT WAS UND	SERIVING []	21b. TIME C	E IN HIPY		1214 HOW IN ILLE	Y OCCUPE	YES NO		ES D	NO		
ū	OR CONTRIBUTING				H DAY YEAR	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) YEAR							
S.	(IF EITHER, NOTIFY MEDIC		P.		19								
AED A	21d. INJURY OCCURE		21e. PLACE (AT HOME, STI		OFFICE, FARM, ETC)	211. LOCATION		CITY OR T	OWN	COUNT	TY	STATE	
-	AT WORK NOT WH	RK L								100			
	22a. I certify that (I)	(this hospite	ol) attended th	e deceased f	ram	,	19	, ta	,	19	, that (I	(we) lost	
	sow the decease abave, (f) (we) (c	ed olive an a	view the body	ofter death.	19	and that in (my) (ou	r) opinion	death accurred on the o	dote and hou	ur ond fron	n the couses	stated	
	226. SIGNATURE	0		1	1	DEGREE		Market Land		224. [DATE SIGNE	D	
	Flock	Quel.	10-10	V100.	MDI		SICIAN [MEDICAL STA	AFF ICIAN	3	3-2-	54	
	22d PHYSICIAN'S NA	AME (TYPE OR	PRINT)	XULLA	1	22e. ADDRESS							
	50	HA	CRI										
220 5	CHIRIAL CREMATION	DEMOVAL	23b. DATE		127 NAME OF	CEMETERY OR CRE	AA ATORY	23d. LOCATION					
_ (BURIAL, CREMATION,	KEMUVAL		0.04			MATORT	CITY OR TOWN		COUNTY		STATE	
	irial		3/6/1			Lawn	Insa DAT	Baltin			Mary	land_	
	NERAL DIRECTOR T			Inc ,	PRESS			E REC'D. BY REGISTRA	Lima	Davidse	n- Jano	lell	
79	922 Wise	Aven	ue D	unda]	k, MD.	21222	_MA	R 6 1984	1			200	

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

7922 Wise Avenue

FOR

Inc ADDRESS Dundalk, 21222 MD.

MAR 6

NO STAND SCORE . DR . G. of MIC. . LUMBY & BLAN FOR

STATE OF MARYLAND

0	7	6	4	3

1.	STATE REGISTRAR		DEPARIMEN		CATE OF DEATH		NO.		
1. DE	CEASED NAME FIRST	,	MIDDLE	LAS	ī	20. DATE OF DEATH		DAY YEAR	76. HOUR
[TYPE	REBEC	CA	ω .	SUM	IRELL		3 -	13-84	6:30 PM
3. SE	X	4. RACE	5.	DATE OF		6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER TYEAR	
Ó	F	B		MONTH	19 1907	76	YR5.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.			9 BALTIMORE CIT			
	N. C.	1	16	IDOWED	NEVER MARRIED DIVORCED	BAL	TO: C	eity	MD
	BALTU. md.	I IF NOT IN SUC	HOSPITAL, NURSING HE FACILITY, GIVE STREET ADDRESS - UNIVER	OME OR	OTHER INSTITUTION	120 USUAL OCCUP	ATION STOF WORKING	LIFE) INDUSTRY	me:
USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU	R OTHER INSTITUTION		AISSION)	3d. INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP CO	DE BALTO	o.md 2121
	ATHER'S NAME	GE C 1		1	S. MOTHER'S MAIDEN NAM				- 1
	(IUK)	MOSE	s White	_	FIRST	ank) "E	liza	A. Hu	NTER
	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECURITY	'NO. 1	17 INFORMANT	VEPHEW AD	DRESS		
- 1	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	218-22-90	19/1		FERSON	, 1125	N. Mon	UROE ST
	18. CAUSE OF DEATH (Enter o	nly one couse per			102	D. 13071			ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY: (TE CAUSE (o)	Condiac	Dr. C	lune ament			<u> </u>	ONSET AND BEATT
	4310			1	CALL T WIT SEE				
	Conditions, if ony, which	DUE TO, OI	RAS A CONSEQUENCE		0-:00000	tron			
	gave rise to immediate cause (a), stating the	(6)	3	0	THE VILLE / CO	1,60/			
	underlying couse lost.	DUE TO, O	RAS A CONSEQUENCE	Port	a Summa D.	ATO.			
-30	PART 2. OTHER SIGNIFICANT	CONDITIONS CO		TH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION C	IVEN IN PART 14	a
NO O	None								
TA:	198 DATE OF OPERATION	196 CONDI	TION FOR WHICH OP	RATION	WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED
CERTIFICATION	24 Jan 1984	Left	Intracere bro	1 14	renatorna.	YES NO		TIFYING CAUSES	OF DEATH?
CER	710. ACCIDENT WAS UNDERLYING	7 21b. TIME O	FINJURY		21c. HOW INJURY OCCURE			B PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AID	M. MONTH DAY	YEAR 19					
MEDICAL	21d INJURY OCCURRED	71e. PLACE			211 LOCATION			-	
NE.	WHILE NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE, FARM	ETC J	STREET	CITYO	RTOWN	COUNTY	STATE
	278 I certify that (I) this hosp				muary 19 R4		Yarch	19 84	that (D)(we) lost
	sow the deceased alive or above, (1)(we) (did) (did n	13 Mar	atter death	, ond	that in my (our) opinion	death occurred on th	e date and h	our and from the	couses stated
	276 SIGNATURE	DI) view the sody	-		EGREE Resid				SIGNED
	Kalish N.	largold	Di M.D.		ATTENDING PHYSICIAN	MEDICAL S	TAFF	13 N	arch 1984
	274 PHYSICIAN'S NAME (TYPE	OR PRINT)			27e. ADDRESS	,	0,6.1	10.11	1011101
	Ralph N.	Terpolil	II. M.D.	5 7	22 S. Gre	en st	BALTO	md, 2	1201
	BURIAL, CREMATION, REMOVA	L 236. DATE	23c. NAN	E OF CE	METERY OR CREMATORY	23d LOCATION		COUNTY	A / STATE
	Burial	3-10	184 N	1T. 1	AUBYRN	Bal	to	N	1d.
24. F	UNERAL DIRECTOR		C 4000000		25a DAT	E REC'D. BY REGISTR	AR 25 REGI		
V		RTON+	SONS 17	01 1	AYRENS MA	R 1 9 1084	Julia	Davidson-1	jandelle

MORTON + SONSDORESS 1701 LAYRENS

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or ottending physician.

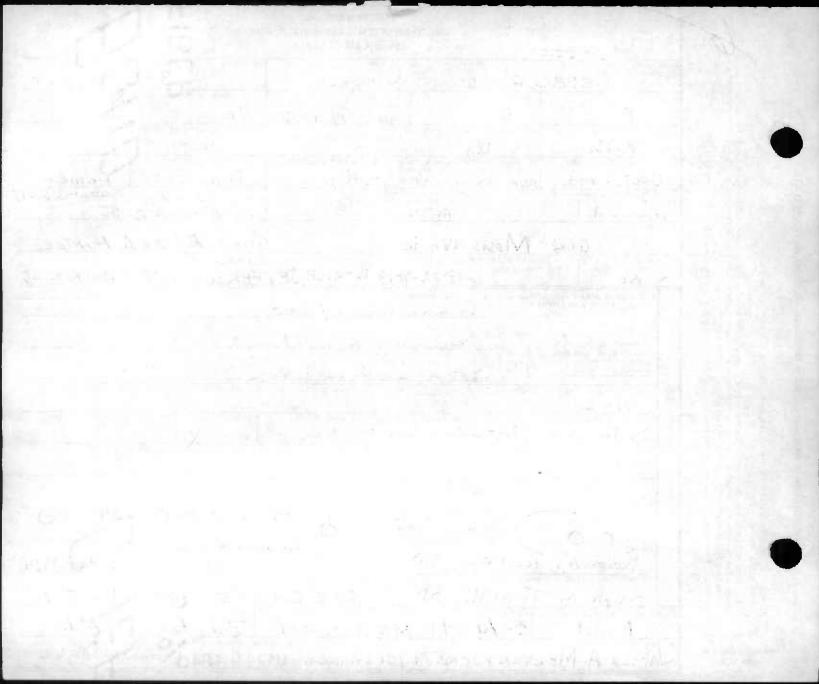
ony injury, or other troumotic event, the medico

IMPORTANT; If Hem 21 is morked or Hem-18 shows

completely filled in by the funeral director, page 3 speed 2 should be filed within 72 hours after death

oy be

executed within 24 hours often

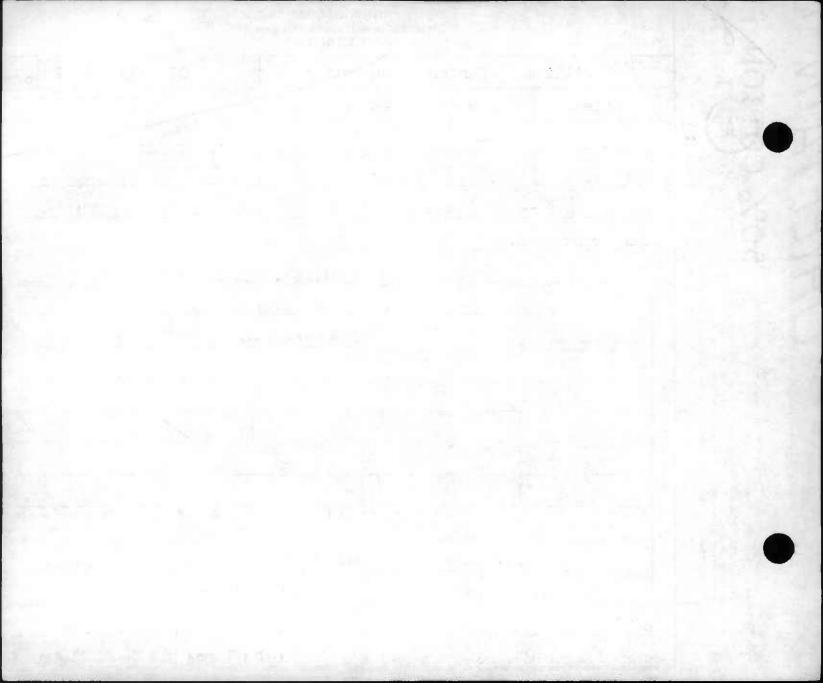


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BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	Ŀ	FOR - STATE REGISTRAR			CERTIF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE REG. NO	1 0
leoth	1. DE (TYP)	CEASED NAME FIRS		Hunter		rratt	2ª DATE OF DEATH MONTH	09 84 2 pm
1	3. SE	male	4 RACE	white	5 DATE O	DF BIRTH 18 1908	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS
135		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	US		WIDOWI		Baltimore C	
H H		Baltimore	St.	Agnes Host	oital	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Driver	126 KIND OF BUSINESS OR
63	13c	4d	ME OR OTHER INSTITUTION	DN. GIVE RESIDENCE BEFORE 131. CITY OR TOWN Baltimo	N	13d. INSIDE CITY LIMITS? YES X NO	3334 Keswick	
300	_	John Harrison		LAST		Belle Jor	nes	LAST
- Pages	1	VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YE	S. ARMED FORCES S. GIVE WAR OR DATES)			William R. S	Surratt same	
signed by the ottending phys Then please remove corbonipor to buriol, cremotion, or remove njury, or other troumotic event,	NO	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse loss	DUE TO, b DUE TO, b DUE TO, c DUE TO, c C DUE TO, c C DUE TO,	OR AS A CONSEQUE	RAIN NCE OF	STEM STR		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF THE PROVINCE
t permit.	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
viol-tronsi	MEDICAL CER	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTION MEDICAL EXAMPLES OF THE CONTRIBUTION OF THE	DE DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR		ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I ORPART 2)
os the b lth ond A lorked o	MEC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	[AT HOME	E OF INJURY STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
of for use t. of Heo m 21 is m		22a I certify that (I) (this h sow the deceased aliv above, (I) (we) (did) (di	e on 3 - 9	19	84 .01		to 3 - 9 death occurred on the date and	, 19 35 , that (I) (we) lost d hour and from the couses stated
TO FUNERAL DIRECT should be detoched fo with the State Dept. of IMPORTANT: If them 2		22d. PHYSICIAN'S NAME (1	Ward.	deb		DEGREE MD ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3/9/84
should with th	23a. E	SURIAL CREMATION REMO		YAP MD	AME OF C	ST. AGNES	HOSPITAL 1234 LOCATION	
6 50M 1/81	E	SPECIFY SULLA SULL	3/12			ne Park Cem.	CITY OR TOWN	alto. Co. MD
4 15, 4)	E	Burgee Funeral	Home 36	31 Falls R	oad 2		7	ia Davidson-Randall



FOR - STATE REGISTRAR

White

CHRISTINE

4. RACE

USUAL RESIDENCE (IF NURS TO HOME STATES INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

76. CITIZEN OF WHAT COUNTRY?

U.S.A.

Ross

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

Dec. 23. 197

MARRIED TEVER MARRIED

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

JOHNSUCHOPKINS ADHOSPITAL

Charlestown

SWAN

13d. INSIDE CITY LIMITS YES FT

15. MOTHER'S MAIDEN

DIVORCED

NO |

HYG	IENE 0 7 4 4	1	
	REG. NO.		
	TO DAIL OF BLATT	DAY YEAR	26. HOUR
	MARCH 20,1984		6:55A _M
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	72 yrs.	ONTHS! DATS	HOURS MIN.
	9. BALTIMORE CITY OR COUNTY BALTIMORE CITY		MD.
	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWILE		F BUSINESS OR
5?	P. O. Box 87	2/9	714
NA	Schaal	LAS	T
	P.O. Box 8	37	
S	wan Charlestov		.21914
		BETWEEN	MÁTE INTERVAL ONSET AND DEATH
-		30n	2in

Julian Hicks Ross Lou'I'se WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 159-09-3496 No Rens 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NONE

710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

DECEASED NAME

Penn.

FATHER'S NAME

Female

10. CITY OR TOWN OF DEATH

BALTIMORE

TO BIRTHPLACE ESTATE OR FOREIGN

(TYPE OR PRINT)

130. 9VATE .

CERTIFICATION

MEDICAL

3. SEX

director, page 3 nours ofter death

hours ofter

d within 72

old be

l ond

Poges

prior

ony

morked or Item 18 shows

*

MPORTANT:

ond Mental Hygi

certificate has bee

ding physicion

NG

HOSPITAL

uriol-tronsit per

completely

physicion popers.

m 24 hou

216. TIME OF INJURY

220.1 certify that (1) this hospital ottended the deceased from

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION STREET

CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO /

and that in (my) (our) opinion deoth occurred on the date and hour and from the couses stoted

COUNTY

YES

STATE

NO F

saw the deceased alive on, abave (I) we (did) (did not) view the bady ofter deoth 226. SIGNATURE

Brown, MD

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

23e. BURIAL, CREMATION, REMOVAL

601 N 23c NAME OF CEMETERY OR CREMATORY

BROADWAY 23d. LOCATION

21205

D	n	1	
D	٣	_	-

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached with the State Dept.

(SPECIF Cremation 3-20-84 Cratin Ferris Cuneral HomeoresNorth East.

236. DATE

Chester Chester Pa. West

Hopkins Hospital, Baltimore, ltd.

ASS. DOC. 20, 100, AND LIVE SOLD STATE OF THE SO

ARRAS APPROPRIATE TO EVO

injury, or other troumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows any

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

FOR STATE

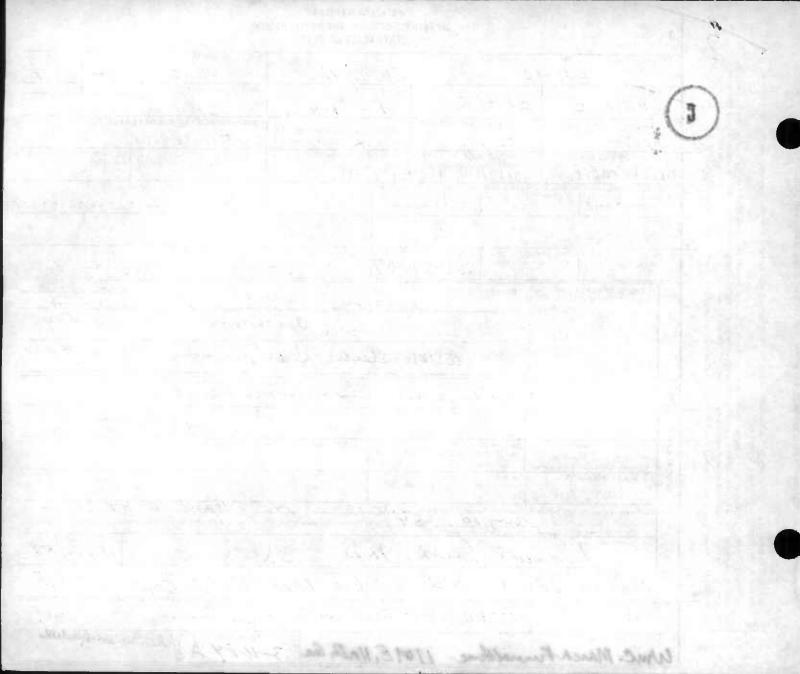
REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL-HYGIENE

CERTIFICATE OF DEATH REG. NO

1. DE	CEASED NAME	FIRST	1	AIDDLE	L	AST	2a. DATE OF	DEATH MO	NTH DAY	YEAR	2b. HOUR
(TYPE	OR PRINT)	FMM	A	J.	510	ANN		3	- 10 -	84	12 TPM
SE	× -		RACE		5. DATE O	F BIRTH	6 AGE (INY	EARS LAST BIRTHDA	AY) IF UI	NDER I YEAR	IF UNDER 24 HRS
7	Femal	LE	BLA	CK	MONTH	- 1-1894	9	0	YRS.	HS DAYS	HOURS MIN.
7 4	REHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMO	RE CITY OR C	OUNTY OF	DEATH	
M	aryland		U.S.	Α.	WIDOWE		Boxto	more	CITY		MD.
100	TY OR TOWN OF	DEATH 11		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		OCCUPATION		26. KIND O NDUSTRY	F BUSINESS OR
120	altemo	me 1	JINA	11 HO	SPI	TAL					
13a. S	AL RESIDENCE IF STATE Marylan	13b. COUNT	HER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltim	N	13d INSIDE CITY LIMITS?	13e. STREET		W = 11	D	1 0101
1	THER'S NAME	·u		Daitin	оте	15. MOTHER'S MAIDEN NA	4601 ME	Pall	Mall	Road	<u>u 2121</u>
	FIRST		DDLE	LAST		FIRST		WIDDLE		LAS	T
	Willia		D FORCECO	Turner		Charlot 17. INFORMANT	те	ADDRESS		Bond	
16a. V	VAS DECEASED E YES, NO OR UNKNOWN NO	(IF YES, GIVE V	VAR OR DATES)	220-24	-1487	Rosie E. B	raxto		East	27t	h St
	LIS CAUSE OF D	FATH (Enter only	one couse per	line for to brib), one	d (c).)	1	- 4			APPROXI BETWEEN	MATE INTERVAL
		H WAS CAUSED	BY:	Kess	cesa	long arse	rat				day
	414	OWWEDIATE		DAS A CONSTROLL	NICE OF	+ Ans	1100-0			ス	Lays
	Conditions, if	ony which	DUE TO, O	R AS A CONSTQUE	por	was for	ville)				
	gove rise to	immediate	(6)_	- 10		0 1 11	10			10	years
	underlying c		DUE TO, O	R AS ADDISERY	the str	Perder Hoar	1 1000	as the			
	DART 2 OTHER	SIGNIFICANT CO	NDITIONS CO			NOT RELATED TO THE TERM			ION GIVEN	IN PART 10	
Z	TART 2. OTTIER	C	4			were , ser	reb d	errente	e.		
ATE	19a. DATE OF OP	ERATION	198 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		Ob. IF YES, W		
CERTIFICATION			1.500		2.10		YES 🗌	NOIX	YES [G CAUSES	OF DEATH?
Ü	21a. ACCIDENT WA		21b. TIME C		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	ATURE OF INJURY IN	NITEM 18 PART	ORPART 2)	
1		CAUSE OF DEATH		M.	19						
MEDICAL	21d. INJURY OCC	CURRED	21e. PLACE	OF INJURY	ABM STC 1	211 LOCATION		CITY OR TOWN		COUNTY	STATE
8	AT WORK	T WHILE	TAT HOME, SI	REET, PACTORY, OFFICE, P	ARM EIC)	1 . L		0			
	220.1 certify tho	t (1) (this hospita	l) attended th	e deceased from	Zels	10 1978	, to	rall	10,19	39	that (1) (we) last
	saw the dec	reosed olive an(did) (did not)	acception the lands	10 198	, at	nd that in (my) (aux) opinian	death occurre	ed on the dote	and hour an	d fram the	couses stated
	22b. SIGNATURE		view the gody	T	11	DEGREE				22c. DATE	SIGNED
		1han	uel	Leur	11	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAI	N	3/	10/87
	4 4 4 4 4 4	S NAME (TYPE OR	PRINT)	40 0		229 ADDRESS	14-	11- 2	7	Ma-	1016
	MANU	L LE	UIN,	, M.O.		6101 TARK	11615		PALTO	1110 1	1215
	BURIAL, CREMATI BURIAL	ON, REMOVAL	3/15/			EMETERY OR CREMATORY ew AME Ch C	en. F	ortown	t,	YINUC	M d ATE
24 F	UNERAL DIRECTO	PR				25a. DA		REGISTRAR 25	•	SIGNA	andelle
11		arch Fu		me ADDRESS	of F	North are MA	R13	1984	ma han	Inches A	
1	Jim I'V	The state of the	THE WAY IN		101	W.	111 4	- V			



TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital ar attending physician.

executed within 24 hours ofter death. Page

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR

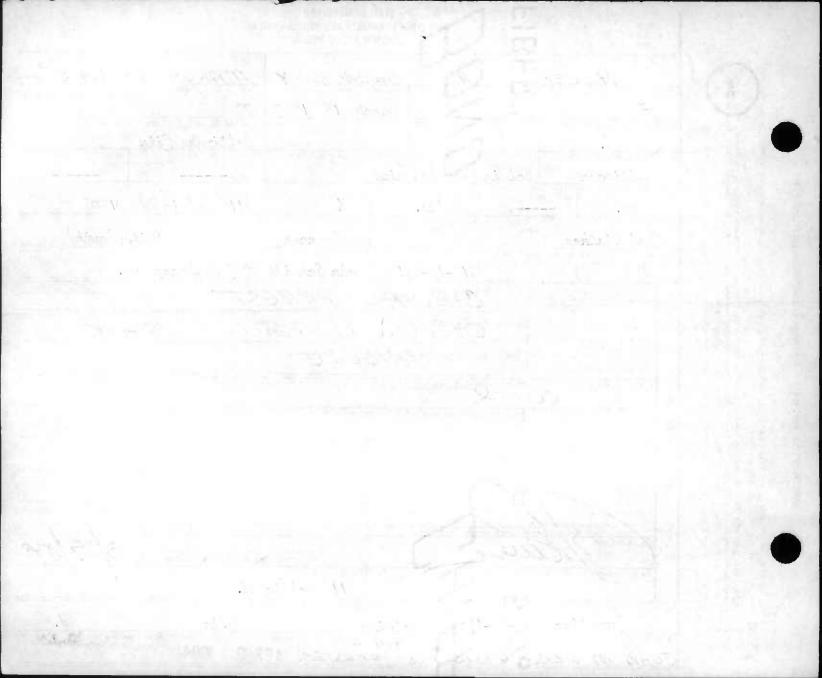
	REGISTRAR	WIDDLE	CERTIFICATE OF	To	REG. NO		110
	ECEASED NAME FIRST PE OR PRINT)				DATE OF DEATH	NONIN DAT TEAR 20	HO
	HELEN			ERRY	AGE (IN YEARS LAST BIRTI	1 X 7 /787	OND
3. SI	EX ~	4. RACE	5. DATE OF BIRTH	WEAR	AGE (IN YEARS LAST BIRTI		OURS
	/-	W	March 18	1	79	YRS.	_
7a. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED .	_	COUNTY OF DEATH	
7	Md.	USA		IVORCED	Baltimore		
()	Baltimore	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET BELAIR ONVILEA	ADDRESS)		a USUAL OCCUPATION OF WORK FOR MOST OF		USIN
	JAL RESIDENCE (# NURSING HOME C STATE 13b. COL			CITY LIMITS? 13	estreet Address /	zip code ir Rd 21206	
W IA. F	Carl Kisther	MIDDLE LAST	7	rs maiden name first (Ince)	MIDDLE	Smith (Smyth))
1 16n	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU	JRITY NO. 17. INFORM	ANT	ADDRE:	SS	
1	(YES, NO OR UNKNOWN) (IF YES, G	219-12-9	310 John	Schmidt 3	1905 Maybe	rry Ave.	
CERTIFICATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMINA	AL DISEASE OR COND	DITION GIVEN IN PART ITO 20b. IF YES, WERE FINDING: IN CERTIFYING CAUSES OF	
7					YES NO		NO
E	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH D		NJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
4	(# EITHER, NOTHY MEDICAL EXAMIN		19				
MEDICAL CI	(# EITHER, NOTHER DOT WHILE AT WORL	P.M. 21e. PLACE OF INJURY (AT HOME, STREM, FACTORY, OFFICE,	21L LOCAT		CITY OR TOV	VN COUNTY	
4	[# EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORLD AT WITH A WORLD AT WORL	21e. PLACE-OF INJURY	FARM, ETC.) 211 LOCAT STRE	. 19	,, to	, 19, tha	uses s
4	(IF ETHER, NOTIFY MEDICAL EXAMIN 214, INJURY OCCURRED WHILE NOT WHILE 11 WORK THOUGHT	21e. PLACE OF INJURY (AT HOME, STREN, FACTORY, OFFICE, putch intended thy deceased from 19	, and that in (m	, 19, 19	,, to	te and hour and from the cau	uses s
4	[# EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORLD AT WITH A WORLD AT WORL	21e. PLACE OF INJURY (AT HOME, STREN, FACTORY, OFFICE, putch intended thy deceased from 19	, and that in (m DEGREE	, 19	MEDICAL STAF	te and hour and from the cau	uses s

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

1984 APR

Tima Davidson- Mandall



injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFIC ATE OF DEATH

0 7 4 5

	REGISTRAR				CERTIN	ICAIL OI	LAIII		REG. NO).			
	CEASED NAME	FIRST	1	AIDDLE	t/	AST		20. DATE	OF DEATH	MONTH	DAY YEAR	2	h HOUR
[TYPE	OR PRINT)	LOUIS		R.	S	WEET				3	17 8	4	01:15Am
1. SE	Х	4.	RACE		5. DATE C			6. AGE	IN YEARS LAST BIRT	HDAY)	MONTHS DA		UNDER 24 HRS
per .	MALE		WH	ITE	MONTH 8	3	1897		86	YRS.	MONTHS DA	42	HOURS MIN.
	RTHPLACE STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTRY	Y? 8	NEVER	MARRIED -	9 BALTI	MORE CITY OF	COUNT	Y OF DEATH		
Ma	ryland		U.S		WIDOWE	D D	VORCED X		Baltimo				MD.
10 CI	ITY OR TOWN OF DEAT	н 11		HOSPITAL, NURS		R OTHER INS	TITUTION		AL OCCUPATION OF THE PROPERTY				BUSINESS OR
	1timore			Secours		:a1		Ca	r Inspe	ctor	Ra	ilı	coad
13a. S		G HOME OR OT 3b. COUNTY	HER INSTITUTION Y	13c. CITY OR TO	WN	13d INSIDE C			ET ADDRESS /				01000
	ryland			Baltin	nore	YESX	NO DEN NAM		Rosecr	ort	Terrac	e	21229
14. FA	FIRST	ME	DOLE	LAST		IS. MOTHER	FIRST	ME	MIDDLE			LAST	
	William		T.	Swee			nna				G	rin	nes
	VAS DECEASED EVER IN YES, NO OR UNKNOWN)		ED FORCES?	166 SOCIAL SEC		17 INFORMA	TM		ADDRE				
	NO			705-05	5-8969	Edwa	rd V. S	weet	4613	Mark	Avenu		21206
	18 CAUSE OF DEATH PART I, DEATH WA	(Enter only	one couse per	line for (0), (b), o	and (ci.)	1.	100		. /		BETWE	EN ON	TE INTERVAL
		MMEDIATE		17/10	CARL	ME	INVAT	2071	8N	,			
	7/00		DUE TO, O	R AS A CONSEO		0		111					
	Conditions, if any, gove rise to imme		(b)	MICH	210504	-EROI	10 0	PRO	10 VAS	Cal	ME		
4	couse (o), stating		DUE TO, O	R AS A CONSEO	UENCE OF				000	-AJ	2		
			((c)			1							
NO	PART 2. OTHER SIGNI	FICANT CO	CHROT	AC O	40-	NOT RELATED			NARY		SEASE		
CAT	190 DATE OF OPERATE	ОИ	19b. COND	TION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	20a Al	UTOPSY?	20b. IF Y	ES, WERE FIN	DING	S USED
CERTIFICATION								YES [] NO[]		res 🗌		NO 🗌
	21a. ACCIDENT WAS UNDE		21b. TIME C		DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTE	R NATURE OF INJUR	Y IN HEM 18	PART 1 OR PART	2)	
SAL	(IF EXTHER, NOT IFY MEDICA		P.		19								
MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE	OF INJURY	E EARM ETC)	21f LOCATI	NO		CITY OR TOV	٧N	COUNTY		STATE
>	AT WORK NOT WHILE	E 🗌	THE MONEY OF	act, tactort, otta,	L TANTI, LTC)								
	220.1 certify that H () ottended th	/ 77 /	111	1161	19 54	, to	3/	17/	, 19 34		ot (I) (we) lost
	sow the deceased above, (It (we) (di	d) (did not)	view the body	ofter death.	Der on	d that in larly	(our) opinion o	death occu	urred on the do	te and ho	our and from	the co	uses stated
	22b. SIGNATURE	V.	l.	0.	No /	DEGREE	ATTENDING	MEDIC	AL STAF	c	22c. D/	ATE SI	GNED
	Much	NO	mac C	rique.	17/13		PHYSICIAN [DIRECT	OR PHYSIC	IAN 🗌	3/	11	187
	A.K.	ME (TYPE OR P	PRA			22e ADDRES	BALTI	MUSR	E	4D	ofuta	12	2-3
	BURIAL, CREMATION, R	EMOVAL	23b. DATE	236	NAME OF C	EMETERY OR	CREMATORY		OCATION CITY OR TOWN		COUNTY		STATE
	Buria:	L	3/20/	84 1	Meadow	ridge N		. E1	kridge		ard		ryland
24 FI	UNERAL DIRECTOR			ADDRESS	21	229	25a. DAT	E REC'D. E	Y REGISTRAR	25b. REGI	STRAR'S SIGN	ALLE	nde!
Hu	ubbard Fune	ral H	ome, In			ns Ave	. MA	IL T A	1904	1		1	

DHMH - 16 50M 4/83 (VRA 15, 4)

Pennikil nobolga sa Kathanawat mi MAIN AND THE TOTAL THE STATE OF · The second of the second of

FOR - STATE

REGISTRAR

	1. DE	CEASED NAME FIRST	MIDDLE	LAST	2a. D.	ATE OF DEATH	YAD HTHON	YEAR	2b. HOUR
	(TYRE	Cather.	ne B. Sz	elongowsk	3	3-30-	84		5:50
	3. SE		4. RACE	5. DATE OF BIRTH	6. AG	E (IN YEARS LAST BIRTH	IF UI	NDER 1 YE AR	F UNDER 24 H
1	F	emale	White	08 24	O'S	75	YRS MONT	HS DAYS	HOURS M
114	7a. BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? B MARRIED NEVER N	9. BA	LTIMORE CITY OF	COUNTY OF	DEATH	
17	/ '	eoraia	USA		VORCED B	altin	3701	Citi	
211	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OF OTHER INST	(TYPE	SUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	2b. KIND OI NDUSTRY	STOP
Z.	K	altimore	Mercut	tospital	Te	elephon	e opr.	Depai	time
初月	USU/ 13a. S	AL RESIDENCE (IF HURSING HOME OF		BEFORE ADMISSION) TOWN 134 INSIDE CI	ITY LIMITS? 13e. 5	TREET ADDRESS			
JE J	7	1D	ROI	TIMOR YES &	NO 61	1 Park	- Auc	. 21	105
A IN	14. FA	THER'S NAME FIRST	MIDDLE LAST		MAIDEN NAME	MIDDLE	,	LAST	
8	H		own	A	21112	Webb			
medico		VAS DECEASED EVER IN U.S. AR	(E WAR OR DATES)	SECURITY NO. 17 INFORMAL		ADDRES	50.1	me	
e a		No	- 120-	05-4805 Agi	nes Brow	un	3041		
£		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	5 04		. 1			BETWEEN	MATE INTERVAL INSET AND DEA
even			E CAUSE (a) COCO	jogenic s	hock			1-d	ale
ofic		4100	DUE TO, OR AS A CONS	EQUENCE OF		^		1	
raumatic		Canditions, if any, which	((b) 0 CU	te muccar	id:alin	Earct	ion	70	04
-		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSI	EQUENCE OF				1 1	1
or other		underlying cause last.	1 10 como	letchrart	block			701	00
ury.	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL D	ISEASE OR COND	ITION GIVEN I	N PART 110	
E -	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WI	HICH OPERATION WAS PERFOI	PAMED 200	AUTOPSY?	20b. IF YES, W	FRE FINDIN	CS LISED
2 2	FIC	THE DATE OF OFERABOR	TAL CONDITION TOR W	THE OF EXAMEN WAS TENIOR			IN CERTIFYING		OF DEATH?
\$	EST	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW IN	JURY OCCURRED (E		YES _	OR PART 2)	NO 🗆
7		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	TO THE OTHER TE	THE HANDRE OF THE OWN	THE THE TOTAL T	On 11-411 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M. 21s PLACE OF INJURY	19 21f. LOCATIO	N.		_		
ope	ME	WHILE I NOT WHILE I	(AT HOME, STREET, FACTORY, OF			CITY OR TOW	/N	COUNTY	STATE
hork				7- 23	1984 to	3-30		EU	
is		22a.1 certify that (1) (this haspi saw the deceased alive an	3-30	0-11	(aur) apinipn death o		. 17-		hat the we
m 2		abave_U (we (did) (did no	view the bady after death.	DEGREE	oo, opo. acam c	recorred on the dat	e dila fiadi dila		
= 1		220. SIGNATURE	Tan - 100		TTENDING MED	DICAL STAFF		22c. DATE S	O - O
3/	12	221 PHYSICIAN'S NAME STYPE O	XIMMAINS	220, ADDRESS		CTOR PHYSICI	AND	5 3	186
JR T		1				2 - 0			2,
MPOR		Jeannine		13 Merc		3015	t Yau	11	lac
		URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR C	1	LOCATION CITY OR TOWN	co	UNTY	Md.
		Buiral	4-2-84	Baltimore Na	ational	Balto.			IVIa.

Henry W. Jenkins & Sons Co., Balto., Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

25a. DATE REC'D. BY REGISTRAR 25

12b. KIND OF BUSINESS OR

Department

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

that the last

IF UNDER 24 HRS

Store

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201
TO MEDICAL EXAMINER: TH	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS
EXECUTE THE CERTIFICATE, V	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING". IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PAGE A SHOLLID BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE
TO FUNERAL DIRECTOR: PA	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED
AFTER DEATH, WITH THE STA	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF KITAL RECORDS, 2017
BALTIMORE, MARYLAND, 21	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
7	5-2

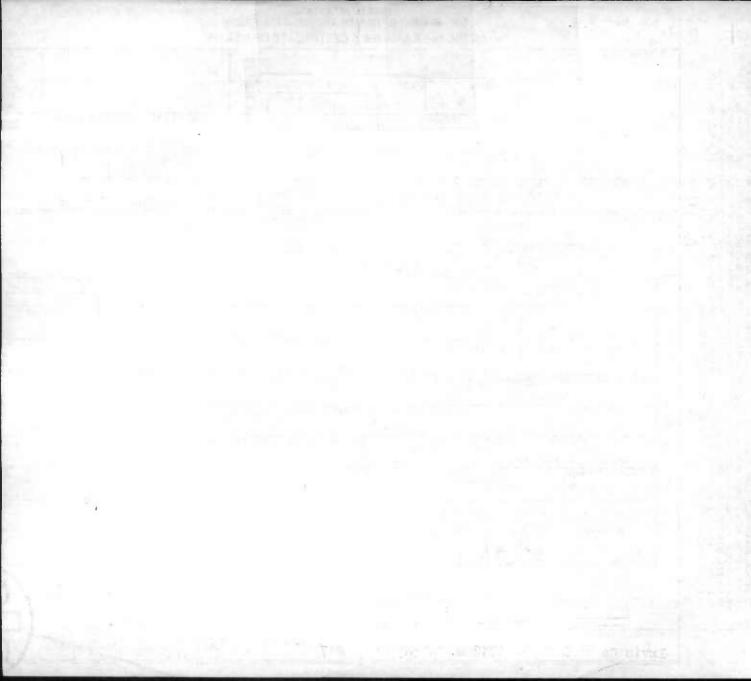
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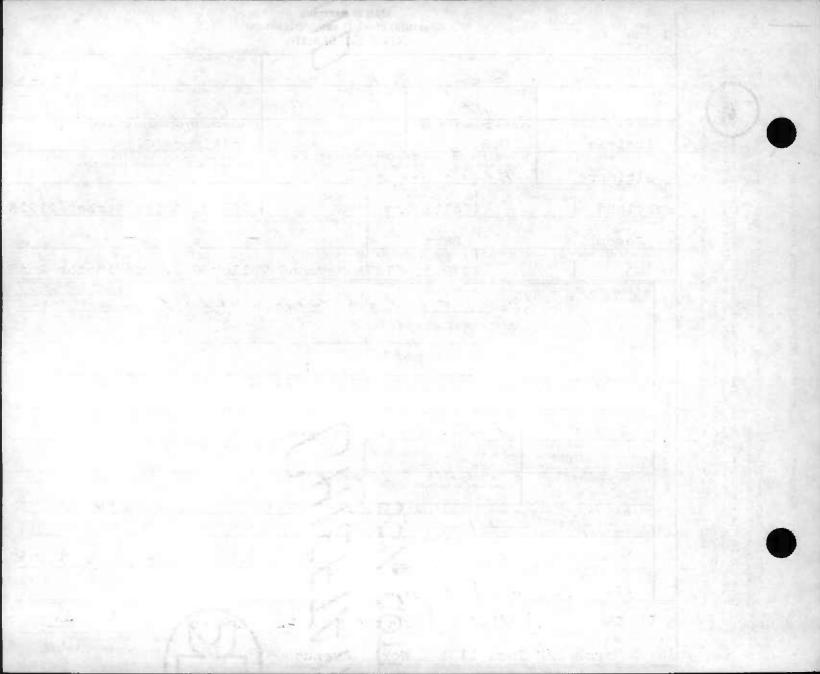
(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

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. 3	At ag	
PEC	NO.	Com
MEC	7, 140.	

1.	FOR per STATE REGISTRAR	F.H.		EPARTMENT OF		AND MENTAL H	YGIENE OF DEATH	REG. NO.	2	
	ECEASED NAME	FIRST		MIDDLE		LAST	2e. DATE	киомиХ	MONTH DAY	YEAR 26 HOU
	THE OR PRINTI	Joseph		W.	Tag	gue		ESTI-	3/30/84	9
3. S	Male	White	5 DATE OF BIRTH	YEAR 6. AGE IN YEAR LAST BIRTHE	MONTH	DER 1 YR. IF UNDER	MIN. PRONOU	INCED	3/30/84 1	YEAR 16 HOL
70.	FOREIGN COUNTRY) NEW Y	ork	76 CITIZEN OF WH.		8. MARRI WIDOW	ED NEVER MARR	IED U	morecity or timore (City	ATH
10.	CITY OR TOWN O		(IF NOT IN SUCH FAC	PITAL, NURSING HOM BLITY, GIVE STREET ADDRESS) ATK AVE.	É, OR OTH	er institution	120. USUAL OCC FOR MOST OF W			D OF BUSINESS INDUSTRY
	JAL RESIDENCE (STATE Md.	IF IN NURSING HOME O	ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	alto.	13d INSIDE CITY LIMITS? YES NO	13e STREET ADD	RESS Park Av	e. 212	201
F	FATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAID!	EN NAME	MIDDLE	LA	AST
160	WAS DECEASED (YES, NO, OR UNKNOV Yes	EVER IN U.S. ARA		166 SOCIAL SECURIT		17 INFORMANT		ADDRESS		
	gave risc cause (a) lying cous	s, if any, which to immediate stoting the <u>under-</u> se lost.	(b) DUE TO, OR A	TETIOSCLET AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TERM	OF OF			ease		
CERTIFICATION	19a. DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?				JTOPSY?
		CAUSE WAS OR IG CAUSE OF D		INJURY MONTH DAY YEA	R 21c. HC	OW INJURY OCCURRE	ED (ENTER NATURE OF	INJURY IN ITEM 18 PAI		3 E 110 X 1
MEDICAL	21d INJURY O WHILE AT WORK		21e PLACE O STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR I	OWN	COUNTY	STATE
	ACTUAL	d from: Natur	130	ribed obove, held an Accident , Si		Homicide TITLE (SPECIFY) D. Assista	Undetermined in	nanner ,	3101420	′30/84
23a.	EXAMINER'S N (TYPE OR PRIN BURIAL, CREMAT (SPECIFY)	ON REMOVAL 2	36. DATE 1/21/	Ruffman, M.		ADDRESS 111 PE	enn St.,		Md. 212	201 STATE
	FUNERAL DIRECT	oval F.	4/12784 H. 1712 V	Md. VA.		etery	Crown 16 1984	sville, AR 136 REGIST	Md. TRAR'S SIGNATU VIDSON-RANK	RE Lala





1		FOR STATE				MENT OF	HEALTH	1.4	ENTALF		7 4	5 4			
	1	REGISTRAR				EXAMIN	ER'S C	ERTIFIC	CATEC)F DEA		REG. NO.			
	(TYPE	CEASED NAME E OR PRINT) Carlie			S.		(Ta	nkert)	Tank	ard	20 DATE KN OF E DEATH M	SII- "	аонтн 3	2419 84	2b. HOUR
	i sex Ma	ale		DATE OF BIRTH	14	6. AGE (IN YEA LAST BIRTHDA	ARS IF UN	DER 1 YR.	IF UNDER		2c. DATE PRONOUNCE DEAD		3	2419 84	9:29 a M
12	7a. BIRTHPLACE (STATE OR 7b. C		b. CITIZEN OF WHA	AT COUN	ITRY?	8 MARR	IED 😡 NE	VER MARR	IED.	9. BALTIMO	E CITY OR C	COUNTY	OF DEATH		
C	10	VA		US	A		WIDOW	4 1	DIVORC		Balt	imore	Cit	ν,	MD.
4	4	TY OR TOWN		(IF NOT IN SUCH FACE	LITY, GIVE S	TREET ADDRESS)		ER INSTITU	TION			ION (TYPE OF		26 KIND OF BU OR INDUST	
-		Baltimo	TE IN NURSING HOME OR			rs Hosp				-					
5	13a. S1 MI		136 COUNTY		Ba.	or town ltimor	re	13d. INS10E (NO [EET ADDRESS		tte	2122 St.	3
	14. FA	THER'S NAME		MIDDLE		LAST		15 MOTH	ER'S MAID	EN NAME	MIDD	LE		LAST	
Ĺ		Earli	e			card S	r.	r	obit	ha		E	Bear	cks	
		VAS DECEASEI	D EVER IN U.S. ARME	ED FORCES?	16b. SOC	CIAL SECURITY	Y NÓ.	17. INFOR	MANT			ADDRESS			
/		No	, , , , , , , , , , , , , , , , , , , ,		227	7-24-1	452	Ethe	ıl J,	Tai	nkard	2302	W.	Fayet	te St
	Canditians, if any, which gave rise to immediate (b)				terio AS A COM		OF	cardi	ovasc	ular	diseas	6e		APPROXIMATI	
	Z	PART 2 OTHER SI	IGNIFICANT CONDITIONS <u>CO</u>	NTRIBUTING TO DEATH BU	IT NOT RELA	ITEO TO THE TERM	INAL DISEAS	E OR CONDITIO	N GIVEN IN PA	IRT 1 (a)					
79	ATION	19a. DATE OF	OPERATION	196 CONDITE	ON FOR	WHICH OPER	ATION W	'AS PERFOR	RMED?					20 AUTOPSY	?
24	CERTIFIC													YES 🗆	NO W
3	AL	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF DE	1		DAY YEAR		OW INJURY	OCCURRE	D LENTER	NATURE OF INJURY	IN ITEM TE PART	1 OR PART	2)	
	MEDIC	21d. INJURY C WHILE AT WORK	NOT WHILE AT WORK	21e PLACE OF STREET, FACTO				CATION			CITY OR TOWN		COUM	NIĀ	STATE
4			fy that Ltaak charge	[V] A	ribed abe		Autop	, Homi	SPECIFY)	Undet	Inquiry Control of the Inquiry Control of the	er .	DATE	3/25	5/84
~	11	SMINATURE,		11	700	VIII I	N- VO	.D. <u>AS</u>	STSCO	TICMED	ICAL EXAMIN	IEK	SIGNED))	1

DHMH - 17 (VR A15 ME (5)) 20M 4/82

EXAMINER'S NAME (TYPE OR PRINT)

3/29/84

23¢ NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

23d LOCATION CITY OR TOWN Anne Arundel

Balto., MD.

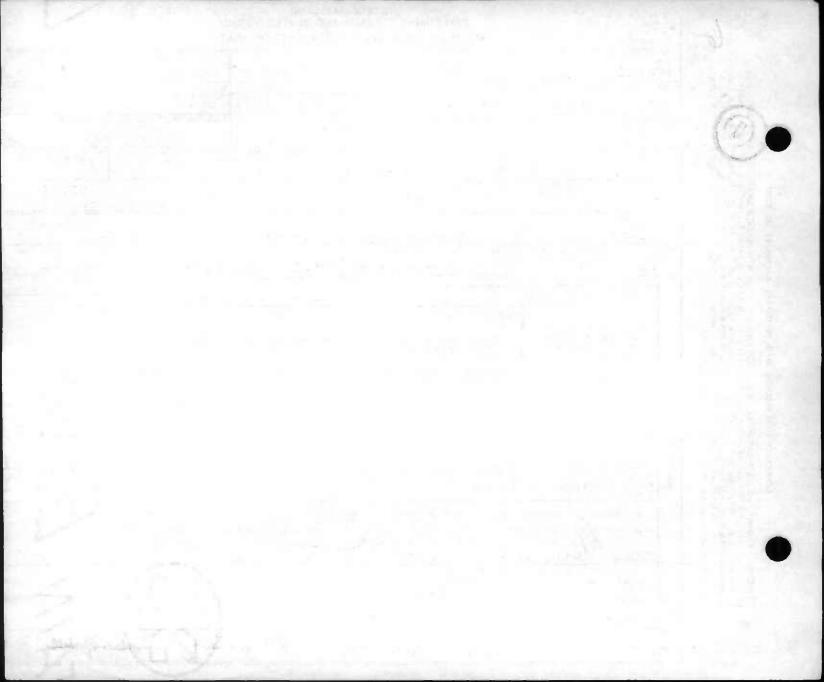
111 Penn St.

STATE Co MD

23. BURIAL CREMATION, REMOVAL 23. DATE Burial 3/29
24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Ave.

Dennis F. Smyth, M.D.

Bb, REGISTRAR'S SIGNATURE



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Poge 'a' may be

etoined by the hospital or attending physicion.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the lishold be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be find with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORIANT: If Hem 21 is marked or Item 18 shows any injury, or other troumotic event, the medical expansion may be rolled.

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11	1
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

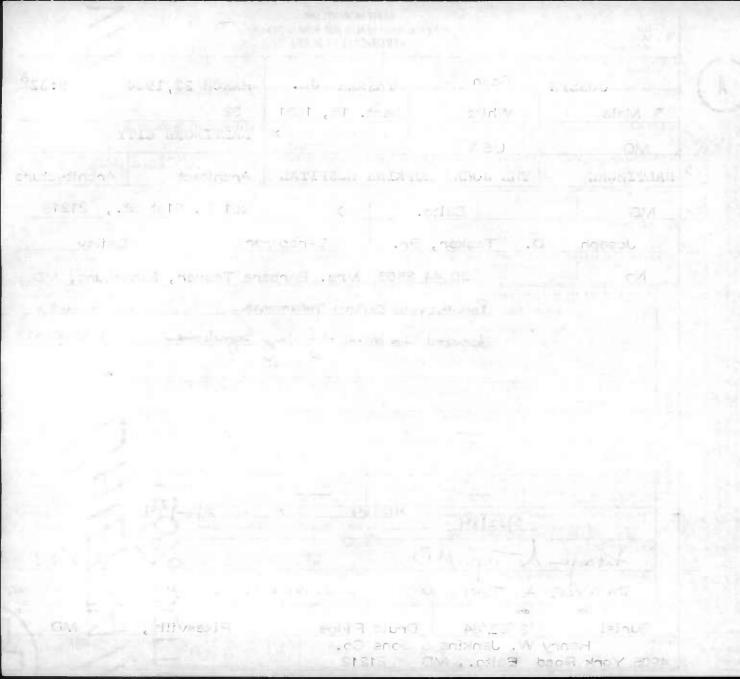
1.	STATE REGISTRAR	DEFARI	CERTIFICATE OF DE	ATH REG	NO.				
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HO	UR			
(1.11)	JOSEPH	Dean	TASKER J	R MARCH	22 1984 9:	224			
3. SE	X	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAS	BIRTH#AY) IF UNDER I YEAR IF UNDE	R 24 HRS			
	Male	White	Sept. 15, 1	951 32	YRS.	MIN.			
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MAI	PRIED S PALIMORECII	ORE CITY				
	MD	USA	WIDOWED DIVO		ond CIII	MD.			
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITU	JTION 12a. USUAL OCCUP		VESS OR			
	LTIMORE	THE JOHNS HO		TAL Archite		cture			
13a. S	MD 113 900	or other institution, give residence before INTY 13c. CITY OR TOV	VN 13d. INSIDE CITY YES (2K N	∘□ 401 E.	31st St., 2121	18			
14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S M	i? MIDDL					
14.0 \	JOSEPH WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	Barbara	Bailey				
		ive war or dates) 220 44		Barbara Taske		MD			
		anly one cause per line for (a), (b), a		Dar bar a Taski	APPROXIMATE INT	ERVAL			
	PART I. DEATH WAS CAUS	6 weel							
	1363 IMMEDIA	ATE CAUSE (o) TOCUMOCY		eumonia					
	Conditions, if ony, which (b) traversed Involve Deficency Synchrone 1/2 years								
	Conditions, if any, which gove rise to immediate	(b) REAL PROPERTY.		7	- 0				
	cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BOT NOT RELATED TO	THE TERMINAL DISEASE OR C	DINDITION GIVEN IN PART 118				
CERTIFICATION	19g. DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORM	ED 20a AUTOPSY?	20b. IF YES, WERE FINDINGS USE	FD			
FIC.	THE DATE OF GLERATION	The condition tok which	TOTERATION WAS TERI ORA		IN CERTIFYING CAUSES OF DEA	ATH?			
ERTI	210, ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY	I 21, HOW IN III	YES NO	YES NO	Y			
	OR CONTRIBUTING CAUSE OF DE		AY YEAR	- CCORRED (ENTER NATURE OF	NJURY IN HEM 16 PART TOR PART 71				
ICA	(IF EITHER, NOTIFY MEDICAL EXAMINE		19						
MEDICAL	216. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY O	RIOWN	STATE			
	AT WORK NOT WHILE AT WORK		21-11-		150				
		3 22 84	2112184	19 84 10 3	7 64, 19, that (l)				
	saw the deceased alive a above, (I) (we) (did) (did n	n 2/2/87 19 lot) view the body after death.	, and that in (my) (au	or) apinion death occurred on th	e date and hour and from the causes s	toted			
	226. SIGNATORE	1-115	DEGREE		22c. DATE SIGNED				
	tatrycu	A. Inge, M.i)		ENDING MEDICAL SYSICIAN DIRECTOR PHY	TAFF SICIAN 3 22 8	34			
	226. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS						
				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	- A				
	PATRYCE	A. TOYE, M	D JOHNS	HOPKINS HOCPI	TAG MEDICAL H	ousestar			
23a E	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CRE	MATORY 23d LOCATION		STATE			
	7,7,7,7	1 23h DATE 23c.		MATORY 23d LOCATION CITY OF TOWN Pikes		SESTAG STATE			

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR Henry W. Jenkins & 4905 York Road

Balto., MD 21212

PATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AND MARKET STORY OF THE PARTY OF



TO HOSPITAL OR ATTENDING PHYSICIAN. The lo attending physician. TO FUNERAL DIRECTOR. After this should be detached for use on the but with the State Dept. of Health and M. etained by the hospital or

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 5 5

- STATE REGISTRAR		CERTIFICATE OF DEAT	REG. NO.	
1. DECEASED NAME POST RICHAR.	MIDDLE	TASKER	20. DATE OF DEATH MONT	01 011 - 0
	Black	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
MERINAPIACE INSTRUMENTON TO	CITIZEN OF WHAT COUNT	MARRIED WEVER MARR	CED Bothum	Cot
Bett wore	SUCH FACETY GIVE S	the orland	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	IXING LIFE) 126. KIND OF BUSINESS OR
THE ATE OF THE STAND HOME OF CHAPTER OF THE STAND HOME OF CHAPTER OF THE STAND HOME OF CHAPTER OF THE STAND HOME OF CHAPTER OF THE STAND HOME OF CHAPTER O	BA147	MORE YES IN NO	1 2904 ROCK	ROSE AVE. 21215
14. FATHER'S NAME JOHN COM	TASKER	IS MOTHER'S MA	abell Halan	LAST
THE WAS DECEASED EVER IN U.S. ARMET		ECURITY NO. 17. INFORMANT	TASKER 2904	ARKRISE HUE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS CONSE	nic otsum	the long of	Listere IN GIVEN IN PART 110
Septical Sep		HICH OPERATION WAS PERFORME		. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
OR CONTRIBUTING CAUSE OF DEATH IF ETHER NOTEY MEDICAL EXAMINER) 214. INJURY OCCURRED WILL IN NOT WHILE IT	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 21f LOCATION	OCCURRED (ENTER NATURE OF INJURY IN IT	COUNTY STATE
220.1 certify that (1) (this haspital) saw the deceased alive an obave, (1) (we) (did) (did not) v 221 SIGNATURE 222 PHYSICIAN'S NAME (TYPE OR PR	iew the bady after death.	DEGREE ATTEMPHYS 220. ADDRESS	apinian death accurred an the date at NDING MEDICAL STAFF INCIAN DIRECTOR PHYSICIAN.	22c. DATE SIGNED 3-6-84
	4	260 C 231. NAME OF CEMETERY OF CREM		1/5 Wheelland

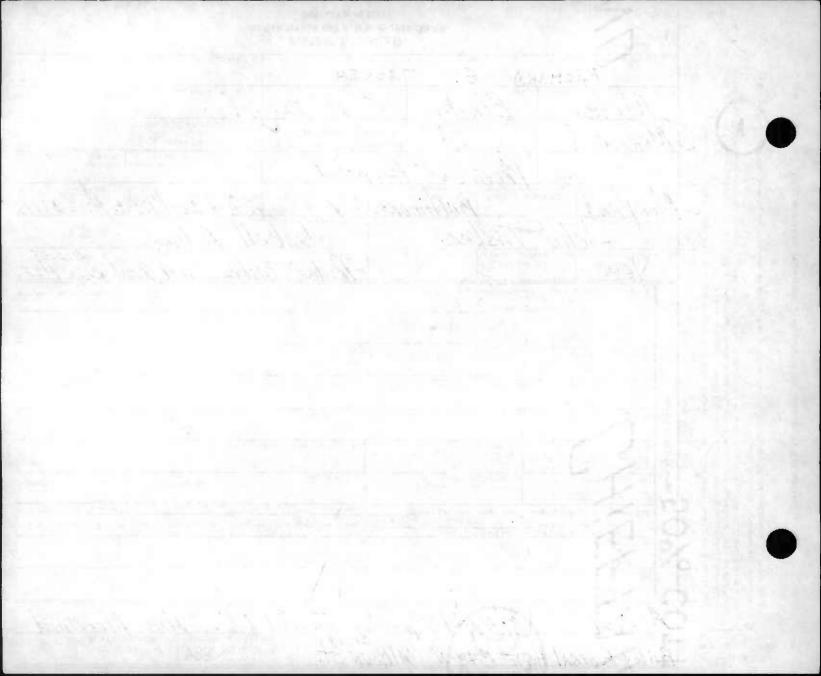
DHMH - 16 50M 4/82 (VRA 15, 4)

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MPORTANT, if them 21 is marked or

BAILEY FUND

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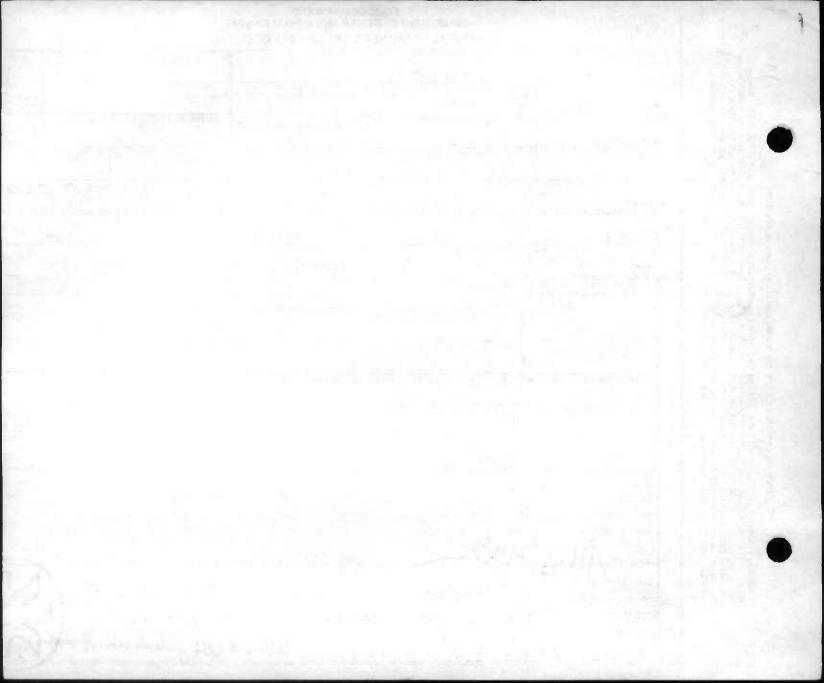


THE FATH. IF ANY DELAY IS NECESSARY, PLEASE FACES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. FOR M 3. FETAIN PAGE 5 FOR YOUR FILES. AND 2 SHOULD BE FILED; WITHIN 72 HOURS ON PAGESTON STREET, THE PAGESTON DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN PAGE 4 SHOULD BE EXAMINED TO THE CHIEF MEDICAL EXAMINED TO FUNERAL DIRECTOR PAGE 3 SHOULD BE USED AS A BURIAL-TRANSITY AFTER DEATH, THE LATE DEPARTMENT OF HEALTH AND MENTAL MEDICAL MARTIN OF HEALTH AND MENTAL MEDICAL MARTIN OF HEALTH AND MENTAL MEDICAL MARTIN OF HEALTH AND MENTAL MEDICAL BURIAL, CREMATION, OR REMO

l	FOR STATE				EPARTMENT C	F HEALTH	ARYLAND	49.	4 5	1	May 1	
	REGISTRAR						ERTIFICATE O		REG. N			
	DECEASED NA/		FIRST		MIDDLE		LAST	20. D/	ATE KNOWN S	HINOW [DAY YEAR	26 HOUR
			NTHON		OBERT		AYLOR		ATH MATED	3 1	4 1984	м
3.	SEX	4 RACE		DATE OF BIRTH	6. AGE (III	THDAY) MONTH	DER 1 YR. IF UNDER		OUNCED	MONTH	DAY YEAR	2d HOUR
	ale		ack	10 15	79 4	YRS.			DEAD		4 1984	2:05
1 70	BIRTHPLACE	(STATE OR		76. CITIZEN OF WHA	AT COUNTRY?	8. MARRI	ED NEVER MARK	RIED X 9 BA	LTIMORE CITY	OR COUNTY	OF DEATH	
2	Maryla	nd		U.S.A	4	WIDOW			ltimore	City		MD.
1/10	CITY OR TOW	N OF DEATH	1	II. NAME OF HOSP			ER INSTITUTION		CCUPATION (TYPE WORKING LIFE)	PE OF WORK 126	OR INDUST	SINESS
0	Baltim	ore					al		TORRITO ERE			
U:	SUAL RESIDENC	E (IF IN NURSI	NG HOME OR	Maryland OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADM	VISSION)	13d. INSIDE CITY LIMITS?	13e. STREET AL	ODBESS	Ar	ot,7 2	1202
11 3	Maryla	-	u. CO01411		Baltim		YES X NO		N.Sai	-		
900	FATHER'S NAM			WIDDLE	LAST		15. MOTHER'S MAID		WIDDLE		LAST	
	Charl	te		WIDDLE	Wilson		Annet	ta	MIDDLE	r	raylor	
1 16	a. WAS DECEAS	SED EVER IN	U.S. ARM	ED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		14/101	
	YES, NO, OR UNK	dOMN) (I	F YES, GIVE W	AR OR DATES)	N/A		Carolyn	Webb 2	2900 Ro	ckros	e Ave	
	PART I DE PART I	DEATH WAS jons, if any rise to im (o) stoting th ouse last.	MMEDIATE which mediate ne under-	(b) DUE TO, OR A	MOKE INHA	lation CE OF CE OF	& thermal				BETWEEN ONSE	AND DEATH
	19a DATE O	OF OPERATI	ON	196. CONDITIO	ON FOR WHICH O	PERATION W	AS PERFORMED?				20 AUTOPSY	,
											YES 🗌	NO 🔀
	UNDERLYIN CONTRIBU	NAL CAUSE NG MOR TING CA	USE OF DE	EATH 12:30M.	3-14- 19	84 Ho	w MJURY OCCURR use fire.	ED (ENTER NATURE	OF INJURY IN ITEM 1B	PART 1 OR PART 2)	
	WHILE AT WORK	OCCURRE			FINJURY (AT HOME PRY, FARM, ETC.) SE	S	ration TREET 34 St. Pau		alto.	COUNT	Υ	STATE Md.
1	death result ACTUAL SIGNATUR	ulted from:	3	of the remoins described in the remoins descri	ribed obove, held o	n Autop:	Homicide , TITLE (SPECIFY) D. Assistar	Undetermine	ed manner .	DATE SIGNED	3-15-8	34
	(TYPE OR PI	RINT)		M. Dixon,	M.D.		ADDRESS 111	Penn St		o., Md.	21201	
	BURIAL, CREM	AL		3/19/84	23c NAME OF Cedar		Cemetery	23d. LOCATION CITY OF TOWN	Arund	el Co	sī,	Md,
2	4 FUNERAL DIR	ECTOR		ADDRESS			250. DATE	REC'D. BY REGI	STRAR 256 REG	Davidson	Mandall .	
V	Vm C Ma	arch	F/H	Inc. 110	01 E No	rth Av	zenue MA	V 13 18	74 June	into latio		

DHMH - 17 (VR A15 ME (5)) 20M 4/82

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requires that the death certificate be executed within 24 hours after death. Page 4 may be

completely filled in by the funeral

STATE OF MARYLAND

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7		23	8
-	- 4	100	100

1 - STATE REGISTRAR	. DEPA	CERTIF	ICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	-	FAYLOR	3 3 84	DAY YEAR 26. HOUR
MALE MALE	BLACK	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTS	WIDOWE		Balto. City	MI
BALTIMORE	111. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	PROTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OF INDUSTRY Real Estate
USUAL RESIDENCE (IF NURSING HOME 130. STATE Md.	or other institution, give residence be unity 13, city or to Balto.		13d. INSIDE CITY LIMITS? YES NO	אל STREET ADDRESS Park	Lake Dr.21217
David	MIDDLE		15. MOTHER'S MAIDEN NA	WE	LAST
(YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 16b SOCIAL SI GIVE WAR OR DATES) 220-22-		Mr. Saul Br		350 Red Cedar Md. 21209
PART 1. DEATH WAS CAUS	only one couse per line for (a), (b) SED BY:	ond (c).)	Shork		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE		CM-		
PART 2. OTHER SIGNIFICAN' 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	T CONDITIONS <u>CONTRIBUTING</u>			IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN ITEM 18	YES NO B PART 1 OR PART 2)
OR COUNTIEST THE CASE OF E	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive a	on 3-3-11		d that in (My) (our) apinion	death accurred on the date and hi	our and from the causes stated
22b. SIGNATURE	7 Anh		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
S 1 S S	Anola		Ly Then	Hospital	
230. BURIAL, CREMATION, REMOVA (SPECIFY) Remova 1	3/5/84 23b. DATE	23r. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
4 FUNERAL DIRECTOR NAME Anatomy	Board	ss Balto	250. DAT	1 2 1984 The street	all disaction disac

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. UMPORTANT: If them 21 is marked ar them 18 shaws any injury, or ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physicion

1	-	FOR STAT REGI	
7	E/C	EACE	1AC

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 4 5 9 CERTIFICATE OF DEATH

REG. NO.				
20. DATE OF DEATH MONTH	5 DAY	84	26. HOL	IR
6. AGE (IN YEARS LAST BIRTHDAY)	IE UNI	DERIYEAR	IF UNDER	24 H
58	MONTH	5 DAYS	HOURS	M

	CEASED NAME EIRST E OR PRINT)	VIVIAN Z	I. TAYLO	9R 20.	DATE OF DEATH	MONTH DAY	84	26. HOUR 25/9
1 5E	emate	Black	5. DATE OF BIRTH	YEAR 6. A	S S S S S S S S S S S S S S S S S S S		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR WIDOWED DIVOR	RIED 👺	BACTY O	R COUNTY O	LTY	WI
10 C	BANNOR DEATH	11. NAME OF HOSPITAL, NURSING			USUAL OCCUPATION OF OF WORK FOR MOST OF ANITORY		126. KIND OF INDUSTRY	F BUSINESS OR
	A RESIDENCE (IF NURSING HOME TATE 13b. COL		130 INSIDE CITY	LIMITS? 13e.	STREET ADDRESS /	ZIP CODE	A 12	21223
ICT.	BENJAMIN	MIDDLE TAYLOR	IS. MOTHER'S MA	AIDEN NAME	MIDDLE*		Gree	EN
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 16b. SOCIAL SECUR	2738 Annie	M. Wi	ADDRE 11iam 90		Sarat	oga S
	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE	LLAR NERO PBM BD	Prina-	on MISPHERIC	WARL		MATE INTERVAL INSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D			L DISEASE OR CONI	20b. IF YES, V	VERE FINDIN	IGS USED
CERTIFI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA			YES NOW (ENTER NATURE OF INJUR	YES		№ □
MEDICAL	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE FA	19 211 LOCATION STREET		CITY OR TO		COUNTY	STATE
	22a I certify that (I) (this has	pital) attended the deceased fram_		19 84	to MARCH	15 19	1984	that (I) (we) las

22b. SIGNATURE DEGREE 224, PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

ILCOBAR

UNIV. OF MP. HOSP, PEPT. OF NEUROLOGY

236 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

STATE

24 FUNERAL DIRECTOR

Chasles A. Rice FSPA 1300 Eutaw Pl

3-21-84

236. DATE

Arbutus Mem. Park Balto, H.C. Md.

1250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

1250. DATE REC'D. BY REGISTRAR 250. REGISTRAR

DHMH - 16 50M 4/83 (VRA 15, 4)

REFERENCE VINANT TAYLER 03 15 84 7350 12 64 25 BACTERPRECEET 421 200WILLE cillitions in a majoritary here standing out ECCIC FRANCISCO HOP IN TRUNCAS STORESTAND CAR HOPEIN DOUTHET THYLOR 101382M AV3 English There is a part and the control of the cont TONISICE ASE NERCHI AMON' CEREGUAL ENERGY NOTES HE CONTRACT REMISSIONER PROPERTY - X with 21 spiles in the 7 9 9 PE TELEVISION 48/51/5 BRUCE I COBAR MIZ THIN OF MUSICAL PRIT, OF NEWFORT الإسكة سرال الأعدل المراسي ومواد المالينمي المالي المناي TARREST FOR LANGUAGE OF CLUB AREA CONT. A COLUMN

STATE OF MARYLAND

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,		1	6	J

	CEASED NAME PAST		MIDDLE	-	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
		nas	Μ.	la	yman	1		24-84	7:3
1.5E		4. RACE	18 1 1	5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 2
1	Male	U	hite	2	-10-07	11	YRS.	100	
	SETHPLACE ISTATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY		-	
1	Maryland	u	SA	WIDOWE		Baltin	nore	City	
30. C	ITY OR TOWN OF DEATH	(IF NOT IN SIL	CHEACHITY GIVE STREET		PR OTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINES
PA	3altimore	Sou	th Balt		General Hosp	Civil Eng		Airp	
USU	TAL RESIDENCE IF HUMBING HOME	OTHER INSTITUTION	13C CITY, OR TOV		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP COI)£	
AA		A		iore	YES A NO S	200 Wem		1, 212	26
	ATHERS NAME	MIDDLE	1457		15. MOTHER'S MAIDEN NA	WE			61
1	Edward	MODIL.	Taym	ian	Emma	MIDDLE		Schli	ne.
160/A	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SEC		17. INFORMANT	ADD	RESS		
1	NO (IF YES, C	SIVE WAR OR DATES)	219-18-	-8584	Josephine A.	Tayman (sa	ame as	13e)	
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly ane cause pe	er line far (a), (b), a	nd (c).)				APPRO! BETWEEN	XIMATE INTERV
		SEĎ BY: ATE CAUSE (a)	Respirat	tory	Arrest				
1	3453			,					
	0100	DUE TO, C	DRAS A CONSEOL	JENCE OF	1 1				
	Canditions if any which	()	HOOVIC	FINCE	ahalmath	Y		100	
	Canditians, if any, which gave rise to immediate	(b)			ephalopath	4			
		DUE TO, C	HNOYIC OR AS A CONSEQU			4			
	gave rise to immediate cause (a), stating the	(c)_	Statu	S Epi	lepticus	AINAL DISEASE OR CO	NDITION G	IVEN IN PART 1	lo.
NO	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	(c)	Statu	S Epi	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	11	IVEN IN PART 1	la
CATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	conditions cordia	Statu ONTRIBUTING TO Infan	DENCE OF SEPTION	NOT RELATED TO THE TERM		llure 20b. IF Y	ES, WERE FIND	INGS USED
TIFICATION	gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT Acute My	conditions cordia	Statu ONTRIBUTING TO Infan	DENCE OF SEPTION	lepticus NOT RELATED TO THE TERM Sepsis	AINAL DISEASE ORCO	20b. IF Y		INGS USED
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN ACCUTE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONDITIONS	OR AS A CONSEQUENCE OF INJURY	DEATH BUT	lepticus NOT RELATED TO THE TERM Sepsis	AINAL DISEASE OR CO	20b. IF Y IN CERT	ES, WERE FIND FIFYING CAUSE YES	INGS USED S OF DEATH
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicial should be detached for use as the burial-trainst permit. Their please remove corban popers, with the State Dept. of Health and Mental Hygiens prior to burial, crimation, or remarkal.

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STATE OF MARYLAND

1-	STATE REGISTRAR		ERTIFICATE OF DEATH	REG. NO.		
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13a. ST	nd		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	Illand &	123
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	AS DECEASED EVER IN U.S. ARA	WAR OR DATES)	NO. 17. INFORMANT 1750 ROSA MI	NOT 170	o Rutlar	el ar
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	22d, PHYSICIAN'S NAME, (TYPE OR	PRINT)	ATTENDING PHYSICIAN 2200 ADDRESS PLYO	DIRECTOR PHYSICIA		17/84
	JRIAL, CREMATION, REMOVAL BECIFY)	3/17/84 B	ALTO CEMATORY	23d LOCATION BALTO	" MEGUNTY	STATE
24. FUT	NERAL DIRECTOR OCKS FUNE	RAL HomE 130	47. Cental of MA	R 1 5 1084	ib REGISTRAR'S SIGNA Lulia Davidson	S

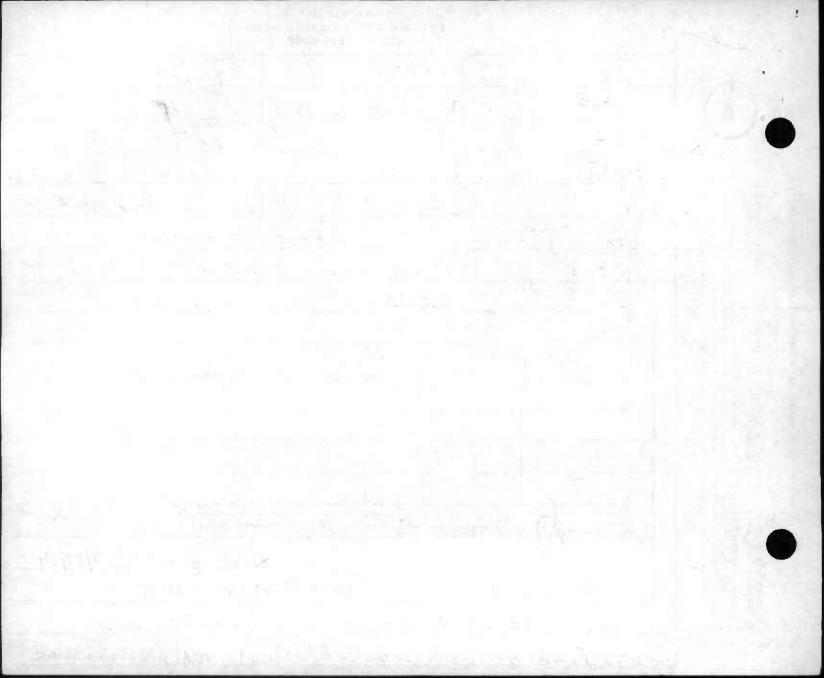
DHMH-16 30M 2/80 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely tilled in by the funitheology and the burial-transity permit. Then please remove corbompapers. Pager Land 2 shauld be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the haspital or attending physician.



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w/w-		EASED NAME OR PRINT)	FIRST	e	P.		T	hayer		20. DATE KNOWN MO	13/84 19	2b. HOUR
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200263		EXAMINER'S NAME (TYPE OR PRINT)	T	homas D.				ADDRESS_111		St., Balto., I	Md. 21201	

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

Burial 3/7/84 Meadowridge Mem

24 FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

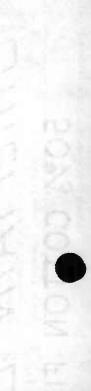
Meadowridge Mem. Park Elkridge

Howard Maryland

1250 DATE REC'D, BY REGISTRAR 1260 REGISTRAR'S SIGNATURE

(VRA 15, 4)

STATE OF MARYLAND



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by should be detached for use as the busicl-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fille with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval.

FOR STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3. SE	EX		4 RACE		5. DATE (6 AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YE	AR IF UNDER 2
	MALE		WHIT	E	04	26 1899		84	MONTHS DA	YS HOURS
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130.	JAL RESIDENCE (IF) STATE MARYLAND	13b COUN		13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?		DDRESS GILMOR	E STREE	T, 2122
14. F/	ATHER'S NAME FIRST	۸	AIDDLE	LAST		15 MOTHER'S MAIDEN N		MIDDLE		
7	RICHAR			THOMAS		MARY		MIDDLE	DONA	HUE
	WAS DECEASED EN		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS		
	NO	ÇII TES, GIVE	An On DATES	215-22-	-4665	PATRICIA HA	ANDS 641	S. WICK	HAM RD.	, 21229
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	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	L HYGIEN		6 5		
		CEASED NAME FIRST Mari		IDDLE		mas		REG. NO DATE OF DEATH	3 9	VEAR 84	26. HOUR
	3. SEX		1 RACE , Whit	و	5. DATE C	F BIRTH	5	AGE (IN YEARS LAST BIRT	HDAY) IF U	, and a second	IF UNDER 24 HRS HOURS MIN.
3	1	OUNTRY) Md.	u:	- 11	WIDOWE			Balt.	City		MD.
8	P	Baltimore	UNIV.	FACILITY, GIVE STREET	ADDRESS)	HOSP -		USUAL OCCUPATE YPE OF WORK FOR MOST OF NONE		12b. KIND C INDUSTRY	OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COUP	NOTHER INSTITUTION O	13t. CITY OR TOW	N	13d INSIDE CITY LIMIT YES NO 15. MOTHER'S MAIDE		STREET ADDRESS	ZIP CODE	Ave	21202
Z)	THER'S HAME James VAS DECEASED EVER IN U.S. AR	MIDDLE	Thom:		FIRST	Ann	MIDDLE	95	Lav	NEON
			/E WAR OR DATES)	216-70		Linda	. Moc	ore 172	9 Gui	1 force	L Ave.
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1	CERTIFICATION	19a. DATE OF OPERATION	19b CONDIT	TION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	ERE FINDI G CAUSES	NGS USED S OF DEATH?
9	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK ALWORK	P.A 21e. PLACE C	A. MONTH DA	19	21r. HOW INJURY O	CCURRED	(ENTER NATURE OF INJUS		OR PART 2)	STATE
		22a.1 certify that (I) (this hosp saw the deceased alive or obove, (I) (we) (did) (did no 22b. SIGNATURE				nd that in (my) (our) op DEGREE ATTENDI PHYSICI	ING A	th occurred on the do	F 4		
1		Paul Buz	ad Jr.	m.D.	1	220. ADDRESS Uniw. of	M:	1		Resid	ient
	(BURIAL, CREMATION, REMOVAL SPEBURIAL	3/14/			ion Cem.		Landsd	own, 1	Md.	STATE
	24. FL	UNERAL DIRECTOR WITH C March	F/H 1	101 ADD ESS	Nort	h Arro	MAR	C'D. BY REGISTRAR 4 1984	256. REGISTRAL		andollo

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death; Poge 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be thint with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 status are injury, or other traumotic event, the

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STATE OF MARYLAND

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1.	FOR STATE REGISTRAR			EALTH AND MENTAL I	HYGIENE!	REG. NO	0.	EGL	
	CEASED NAME FIRST	MIDDLE	1	AST	2a. DATE OF	DEATH	HTMOM	OAY YEAR	2b. HOUR
(TYPI	Obra Obra	C.	Thomas		March	24,	1984		10:50 A
3. SE	х	4. RACE	5. DATE O		6 AGE (INY	ARS LAST BIR	THDAY)	IF UNDER 1 YEAR	
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	COUNTRY) A 1	11 4 0		D NEVER MARRIED	Ba Ra	ltimo	re C	itu	445
in c	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L NURSING HOME O		12e USUAL C				OF BUSINESS OR
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1	AL RESIDENCE (IF NURSING HOME OR			Ospical		3/7/2	-5_	1/1m	WAY
	STATE 136 COUN	ITY I3c. CIT	ORTOWN	134. INSIDE CITY LIMITS			-	-0	21212
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14. 17	ATHER'S NAME FIRST	MIDDLE	LAST	FIRST		WIDDLE		000	AST
	DAVE	CON	MELL	KeBec	CA	ADDRE		MAR.	KeR
		MED FORCES? 16b. SOO	CIAL SECURITY NO.	17. INFORMANT	0.	ADDRE		-1	21212
	NO	219	-30-3180	Ms. Joyc	e GoL.	SON	- 31	o she	RADAN AVO
	18. CAUSE OF DEATH (Enter on							BETWEEN	NONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (D)Ca	rdiac Arre	est					
	4140	DUE TO, OR AS A C	ONSEQUENCE OF						
	Conditions, if ony, which	((b) Co	ronary Ar	tery Disease	9				
	gove rise to immediate	DUE TO, OR AS A C	ONISE OHENICE OF						
	underlying couse lost.	DUE TO, OR AS A C	ONSEGUENCE OF						
	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASI	OR CON	DITION G	IVEN IN PART 1	10
Z									
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¥					YES 🗆	NON		IFYING CAUSE	NO [
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	OR CONTRIBUTING CAUSE OF DEA	AIRI	ONTH DAY YEAR						
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	220.1 certify that the (this hospi			nd that in (my) (our) opin	, 10		nte and br	17	e couses stated
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15	MAR B	ATPRES	rein	c/o Maryla	and Gener	al He	ospit	al	
23a	BURIAL, CREMATION, REMOVAL	73b DATE	2-1 0	EMETERY OR CREMATO	CITY	ATION OR TOWN		COUNTY	STATE 4
	BURIAL	3-28-8	4 PLEASA	ANT REST (ene Tou	U50 A	/	2501411	md.
24 F	UNERAL DIRECTOR		3	ALTO, md. 250		EGISTRAR		STRAR'S SIGNA	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after

retained by the hospital or attending physicion.

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	PECEASED NAME YPE OR PRINT) Alma	MIDDLE	Thompson	20. DATE OF DEATH MONT	21	ь. ноur 1:42a
1 13	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 H
11	Female	Black	3 DAY YEAR 27	70	MONTHS DAYS H	OURS M
0/1	BIRTHPLACE ISTAIL OF FOR CO.	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OF CO	UNTY OF DEATH	
22/	Md.	U.S.H.	WIDOWED DIVORCED	Baltimore Cit	ty	
1 / 3/1	altimore City	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET Maryland General		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Unknown	KING LIFE) 12b. KIND OF E	USINESS
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	FATHER'S NAME	MIDDLE CAST	15. MOTHER'S MAIDEN Unknown		T dast	0.5
0 16a	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	111000	
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c event, n	PART I. DEATH WAS CAUS	inly ane couse per line far (a), (b), a ED BY: ATE CAUSE (a)CALAIR	- Paspuating F	aulin	BETWEEN ONS	TE INTERVAL
rauman	Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE (b) Brau		etastatic)		
or other	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	VENCE OF COLON+ 1	Placuix.		
ž z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition	N GIVEN IN PART 1(0)	
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TIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	TO TENATION WAS TENIONMED	YES NO	CERTIFYING CAUSES OF	S USED DEATH? NO []
CAL CERTIFICATION	OR CONTRIBUTING TO CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH [21c HOW INJURY OCC	_ IN C	CERTIFYING CAUSES OF YES	DEATH?
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- 6 43	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (I) (this hasp	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 216. HOW INJURY OCC 19 216. LOCATION STREET 19	YES NO URRED (ENTER NATURE OF INJURY IN ITE	COUNTY	STATE
- 6 43	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTI WHILE AT WORK ALWORK 220. I certify that (I) (this hosp	21b. TIME OF INJURY HOUR A.M. MONTH I P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 21d. Ottober 19 19 19 19 19 19 19 19 19 19 19 19 19	DAY YEAR 19 216. HOW INJURY OCC STREET 216. LOCATION STREET 217. LOCATION STREET DEGREE ATTENDING	VES NO NO NO CITY OR TOWN CITY OR TOWN On death occurred an the date on	COUNTY COUNTY 19 4, that did not ond from the county 22c. DATE SIC.	STATE STATE (1) (we) USES STOTE STATE
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frem 21 is marked or frem	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (I) (this hasp	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE offal) attended the deceased from 2 7 19	DAY YEAR 19 21t. HOW INJURY OCC 19 21t. LOCATION STREET 19 4, ond that in (my) (aur) apini DEGREE MD ATTENDING PHYSICIAN 22e ADDRESS	VES NO NO NO CITY OR TOWN CITY OR TOWN On death occurred an the date on	COUNTY 19 JU, that d haur and from the county 22c. DATE SIC	STATE STATE (1) (we) USES STOTE STATE

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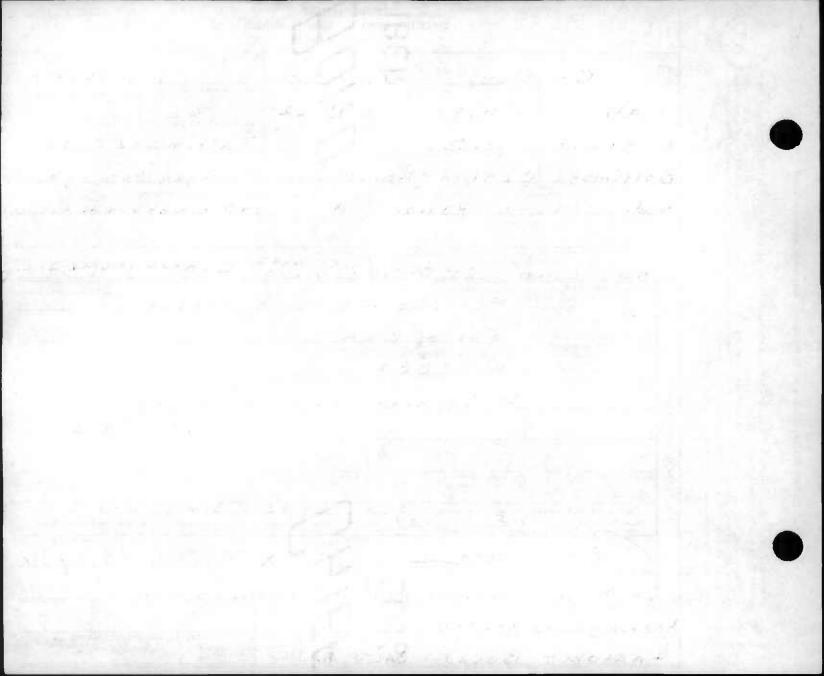
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	1-	FOR STATE REGISTRAR		DEPART		ICATE OF DEAT		REG.	NO.	Ö			
1		CEASED NAME FIRST OR PRINT)	A	AIDDLE		AST	20	. DATE OF DEATH	MONTH	DAY		26. HOUR	1
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	3. SEX		4 RACE		5. DATE (DAY YE	EAR	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS		HOURS	MIN.
-	7a B16	RTHPLACE (STATE OR FOREIGN	W h	WHAT COUNTRY	2 8	0 14 5	,2	BALTIMORE CITY	YR:		ATH		
	_ C	OUNTRY)	78. CITIZEN OF	WHAT COUNTRY	MARRIE	_	ED X	DALI IMORE CIT	OK COOL		λ.	111	
-	10. CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURS	ING HOME	DROTHER INSTITUTION		USUAL OCCUP	MOITA	126	KIND OF	BUSINES	MD.
7	D			H FACILITY, GIVE STREET	ET ADDRESS)	-		TYPE OF WORK FOR MOS	T OF WORKIN	GLIFE) IND	USTRY		
-		AL RESIDENCE (IF NURSING HOME OR				3 - 2		NANAS			win	3 11	حيوه
ř	13a. S		140.	B 3. LL	WN.	13d. INSIDE CITY LIA		e.STREET ADDRES			114	A	2.2
		THER'S NAME			<u> </u>	15. MOTHER'S MAIL		10, 10,	12.0.	920		7-01	Allen al les
Й		FIRST	MIDDLE	LAST		FIRST		WIDDIE			LAST		
		AS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SEC	CURITY NO.	17 INFORMANT	145		RESS				===
		ES, NO OK ONKNOWN) (IF TES, ON	O DATES)	245-0	9-5637	L. COA		Con	+4K	344	om	C1 7	NC.
		18. CAUSE OF DEATH (Enter on		line for (a), (b), a							APPROXIMA	ATE INTERV	AL DEATH
١		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (0)	Andi	AC A	RRythe	Lmia	BARR	454				
1		4275	DUE TO OF	R AS A CONSEO	UENCE OF								
1		Conditions, if ony, which gave rise to immediate											
		cause (a), stating the	DUE TO OF	R AS A CONSEO	UENCE OF								
		underlying cause last.	((3)	00	183								
-	z	PART 2_OTHER SIGNIFICANT (CONDITIONS CO	NTRIBUTING TO	DEATH BUT								
	8	19a DATE OF OPERATION	TION CONTRI		ARA		041	20g AUTOPSY?		AS Q		C LICED	_
1	CERTIFICATION	IN DATE OF OPERATION	IV. CONDI	TION FOR WHICH OPERATION WAS PERFORMED					INCER	RTIFYING	AUSES &	PF DEATH	1?
-	ERT	710. ACCIDENT WAS UNDERLYING	1 21b. TIME O	F INJURY		21c. HOW INJURY	OCCURRED	YES NO NO		YES	1 1 1 2	ио 🗌	
	CHEAL.	OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR			, content of the					
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1	ш	saw the deceased alive on	315	ofter death	84,0	nd that in (my) (aur)	apinian dec	oth accurred on the	date and	hour and fi	rom the co	ouses stat	ted
		776 SHINATURE	61	arre wearn.		DEGREE				22	c. DATES	IGNED	
d		1 35	ulle	u-	_	ATTEN PHYSI	DING X	MEDICAL S	SICIAN	1	3/8	5/2	34
		THE PHYSICIAN'S NAME ITY'S	MC PROPERTY.			22e ADDRESS					7	1	
		DR. Mogas	Cache	18emps	AM,MA	41151	lice	Kens	Ave	1			
		SURIAL, CREMATION, REMOVAL				EMETERY OR CREM	ATORY	23d. LOCATION		COUN	Ty	57	ATE
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DHMH - 16 50M 4/83 (VRA 15, 4)

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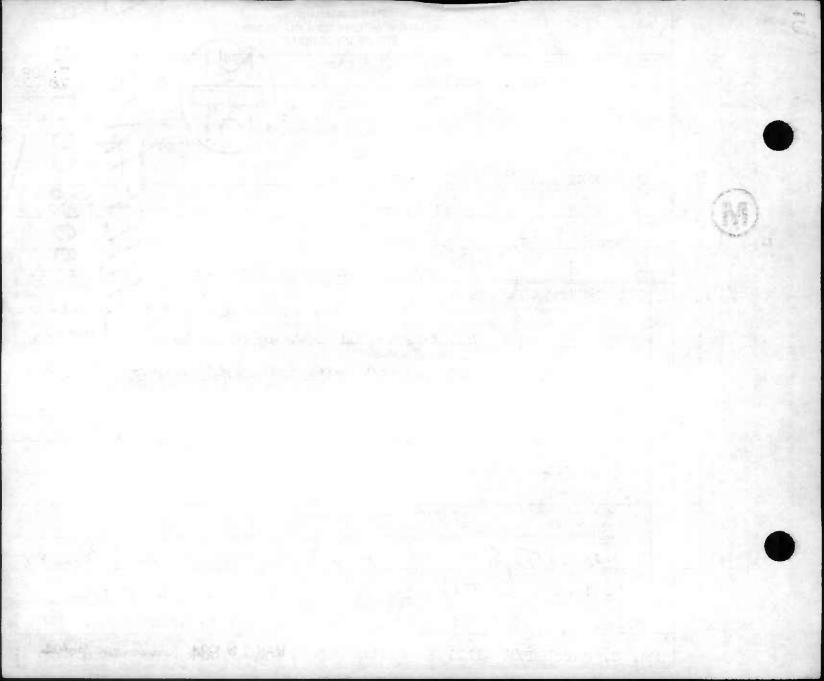
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed respitation or ottending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and complements to the third in director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pages. Lond second into with a the control has store Dept. of Health and Mental Hygiene prior to buriol, ceremotion, or removal.
IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exporement the contract of the property of t

	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLANI EALTH AND MEI ICATE OF DE	NEAL HYG	nene) 7 4	6 9		
		CEASED NAME	Léon		F.	Tho	mpson		20 DATE OF DEATH	MONTH DAY	20 1100	
			ho pso	on. Le	on)		-			3 1	5 84 764	OP
	3 SEX	K		LRACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BI		UNDER I YEAR IF UNDER	24 HRS
	1	Male		Blac	k	7	30	38	45	YRS.		
K		RTHPLACE (STATE C	OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTR	Y? 8.	D NEVER MAR	RRIED 🗆	9. BALTIMORE CITY	R COUNTY O	FDEATH	
1		MD		U	SA	WIDOWE		RCED 🛣	Baltim	ore C	ity	М
1	10. CI	TY OR TOWN OF D	EATH 1		HOSPITAL, NURS		R OTHER INSTITU	JTION	120 USUAL OCCUPAT		12b. KIND OF BUSINE	SSOF
\mathcal{I}_{j}		Baltimor	re		gnes H				(TITE OF WORK FOR MOST	JI WORKING ENE	114003187	
5		AL RESIDENCE (IF NOTATE) MD	13b COUN		GIVE RESIDENCE BEF	NWN	13d. INSIDE CITY YES 🕱 N	LIMITS?	13e. STREET ADDRESS 841 McAl	eer C	t. 21202	
10	14. FA	THER'S NAME		NIDDLE	LAST		15. MOTHER'S M		AE MIDOLE		LAST	
6		Joseph		J.	Thomp	son	Mar			Awkwa		
1		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SE		17 INFORMANT		ADDR	ESS	-	
		OV	(11 103, 0110	WAR OR DATES!	N/	'A	Lorrai	ne S	tansbury	841 M	cAleer C	t.
		18 CAUSE OF DEA	ATH (Enter only	y one couse per	line for (o), (b),	and (c).					APPROXIMATE INTER	VAL DEATH
		PART I. DE ATH	_ IMMEDIATE		ULMOIL	1291	CONGE	STI	ON XEDE	MA	WEEKS	
		Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF CARCINOMA TO BRAIN (b) METASTATIC CARCINOMA TO BRAIN							? WEEK	2		
		couse (a), sto underlying cou		DUE TO, OI	NDIFF	UENCE OF	TIATED	LUIVI	6- CARCIA	rom A	MONTI-	15
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									IN PART Iro	
/	CERTIFICATION	190 DATE OF OPER		19b. CONDI	ITION FOR WHIC	CH OPERATIO	N WAS PERFORM		200 AUTOPSY?	IN CERTIFY I		H?
1		210. ACCIDENT WAS LE OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJUI	RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T OR PART 2)	
	MEDICAL	21d INJURY OCCU	WHILE VORK	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFIC	E, FARM ETC)	211 LOCATION STREET		CITY OR TO)WN	COUNTY S	TATE
		220.1 certify that		ol) ottended the	e deceased from	n		19	, to	, 19	, that (I) (v	we) los
		sow the dece	osed olive on_	view the body	ofter death	, or	nd that in (my) (ou	ır) opinion o	deoth occurred on the d	ote and hour o	nd from the couses sto	oted
		77% SIGNATURE	(dia) (dia noi	view the body	offer deoffi.		DEGREE				22c. DATE SIGNED	
7		Jan	40 1 T	16/2		/		ENDING YSICIAN	MEDICAL STA		3/16/2	84
1		224 PHYSICIAN'S		PHINTS T	AYIN	P	22e ADDRESS	- 0	FNES	Hosp	TAI	/
	23n P	SURIAL, CREMATION	N PEANOVAL	23b. DATE	122	NAMEOSC	EMETERY OR CRE	7 7	123d LOCATION	11037	11110	
	(Burial	, REMOVAL	3/21/			Hill Ce		Anne	rundel	Co. MD	TATE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Aye.

9 1984 Julia Davidson Mandelle



njury, or other traumatic event, th

MPORTANT: If them 21 is morked or them 18 than 1 any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

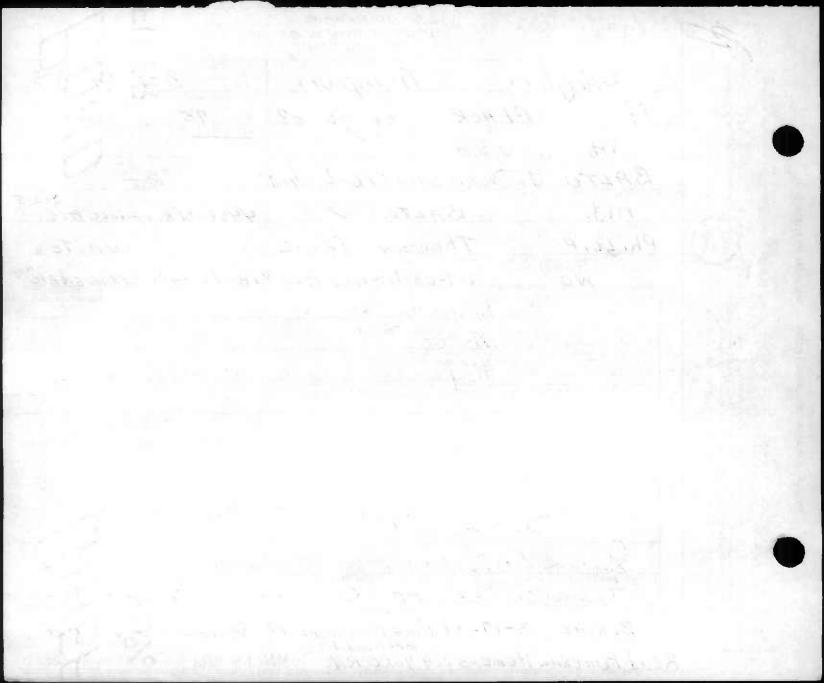
within 24 hours after death. Page 4 may be

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE PEGISTRAP

1 4 1

- 1		REGISTRAR		CERTIF	ICATE OF DEAT	Н	REG. N	0.			
		CEASED NAME OR PRINT) LEXING	MIDDLE	Thon	2010)	20 DATE OF DEATH	3 - 13	-84 21	30	35.M
	3. SEX	M	BLACK	5. DATE O	DAY Y	EAR 8	, AGE IN YEARS LAST BII	YRS.		F UNDER 2.	4 HRS MIN,
2		RTHPLACE (STATE OR FOREIGN COUNTRY) VA.	76. CITIZEN OF WHAT COUNTR	MARRIED WIDOWE	NEVER MARR	IED 🗆 9	BALTIMORE CITY	OR COUNTY OF	DEATH		MD.
2	10 CI	BALTO.	11. NAME OF HOSPITAL, NUR J. L. SUCH FAPILITY, GIVE STR		HOW LES U		20. USUAL OCCUPAT LIYPE OF WORK FOR MOST		12b. KIND OF E INDUSTRY	SUSINES	SOR
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN			13d INSIDE CITY LI YES NO		3e.STREET ADDRESS	00 -	VALE F	21 Tre	1215
Ÿ		Phillip	Thon	npson	15. MOTHER'S MAI	IC C	MIDDLE		NAI	Te	S
		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN)	MED FORCES? 16b SOCIAL SE E WAR OR DATES) 217-0	3-9044	mrs. A	VN B	LAND - 4	401 51	PRING APPROXIMA BETWEEN ONS	dA	1e V
47	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 700. AUTOPSY? 100. IF YES, WER										
4	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	DAY YEAR	21c HOW INJURY	OCCURRE	YES NO	IN CERTIFY IN YES		NO [1?
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (HE EITHER, NOTEY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220. I certify that (I) (this haspings with deceased alive on above. (I) (we) (did) (did no 22b. SIG (IA LIPE 172d. PH) SIG IAN'S NAME LIVE O	P.M. 21e. PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFIX 1 ottended the deceosed from 15 tiview the body ofter deoth.	19	DEGREE ATTEN	IDING	oth occurred on the d	ote and hour an			e) lost
	***	GULLAN	W.KEED	MD	6115,	CHA	95, 50. 1	BALTO.	Mo. 7	Y>=	38
	ı	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR	3-17-84 X	KING N	NEMORIAL	PK	23d LOCATION CITY OF TOWN RANDAL REC'D. BY REGISTRAF	LSTOW	48	ma	AJE .
	R	NAME	Home-520		.md.21212 Rd.	25a. DATE	R 1 9 1984	Gulia Dav	idson-Ra	moles	2.

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.			
OF DEATH	MONTH	DAY	YEAR	2b HO
		- 01		

							K	EG. NO.			
1. DECEASED NAME (TYPE OR PRINT)	Adele	-	se	denne.	linnsson	n	20. DATE OF DE	ATH MOR	1984	YEAR	2h HOUR
3. SEX		RACE		5. DATE C		-	6. AGE LIN YEARS			DER 1 YEAR	IF UNDER 24
Female		White		MONTH		Y*************************************	76	LASTORTINDA	MONTE		HOURS A
70 BIRTHPLACE (STATE COUNTRY)		CITIZEN OF W	HAT COUNTRY?	8. MARRIE WIDOWE	D NEVERA	MARRIED T	9. BALTIMORE O	MORE	OUNTY OF	DEATH	
10. CITY OR TOWN OF	DEATH 11	NAME OF HO	OSPITAL, NURSIN	10 110 115 6	D 0 = 1 1 5 5 1 10 =		120 USUAL OCC (TYPE OF WORK FOR	UPATION MOST OF WO	ORKING LIFE) IN	NOUSTRY	FBUSINESS
USUAL RESIDENCE (# 130 STATE Maryland	NURSING HOME OR OTH	HER INSTITUTION G	VE RESIDENCE BEFORE 36 CITY OR TOW Battinon	ADMISSION)	13d. INSIDE C	ITY LIMITS?	13 STREET ADD	ress O.	ldham.	Stree	et 212
14 FATHER'S NAME Benjami	n	PDLE	Bothe			MAIDEN NA	ME	DDLE	Mye		ī
(YES, NO OR UNKNOWN			212-07-	3577	17 INFORMA Henry		orfinnsso	on 200	05.00	dham	St.
18 CAUSE OF D	EATH (Enter only of H WAS CAUSED 8	ane couse per li	ne for (a), (b), and	dici-	0	4				APPROXI	MATE INTERVA
	toting the "	DUE TO OR	S A CONSEQUE	NCEOF						-	2.0
PART 2. OTHER S	ouse lost.	(c) NDITIONS <u>CON</u>	AS A CONSEQUE STRIBUTING TO D ON FOR WHICH	DEATH BUT		TO THE TERM	INAL DISEASE OF	? 20	b. IF YES, WE	RE FINDIN	IGS USED
PART 2. OTHER S	ouse lost. SIGNIFICANT CO! RATION	HOITIONS CON	ITRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	200 AUTOPSY	? 201 IN	LIF YES, WE CERTIFYING YES	RE FINDING CAUSES	IGS USED
PART 2. OTHER S	OUSE LOST. RATION UNDERLYING CAUSE OF DEATH	(c) NDITIONS CON 19b. CONDITH	ITRIBUTING TO D	OPERATIO	NOT RELATED	TO THE TERM	20a AUTOPSY	? 201 IN	LIF YES, WE CERTIFYING YES	RE FINDING CAUSES	IGS USED OF DEATH?
PART 2. OTHER S PART 2. OTHER S 19a DATE OF OPI 21a. ACCIDENT WAS OR CONTRIBUTING (JE EITHER NOTIFY. 21d. INJURY OCC	ERATION UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	19b. CONDITH 21b. TIME OF HOUR A.M. P.M. 21c. PLACE OF	ON FOR WHICH NJURY MONTH DA	OPERATION AY YEAR 19	NOT RELATED	TO THE TERM	200 AUTOPSY YES NO	? 201 IN	D. IF YES, WE CERTIFYING YES []	RE FINDING CAUSES	IGS USED OF DEATH?
PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY, 21d. INJURY OCC 21a. 1 certify tho saw the decabave, (I) (w	ERATION CAUSE OF DEATH MEDICAL EXAMINER) UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URRED	19b. CONDITH 19b. CONDITH 21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF IAT HOME. SIREE	ON FOR WHICH INJURY MONTH DA FINJURY INJURY INJURY INJURY IFACTORY, OFFICE, FA	OPERATION AY YEAR 19 ARM EIC)	NOT RELATED N WAS PERFO 21c. HOW IN. 21f. LOCATIO STREET	TO THE TERM RMED JURY OCCURR	200 AUTOPSY YES NO	? 201 IN OF INJURY IN YOR TOWN	b. IF YES, WE CERTIFYING YES I	RE FINDING CAUSES OR PART 2)	IGS USED OF DEATH? NO
PART 2. OTHER 3 19a DATE OF OPI 21a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY.) 21a. IN JURY OCC 11 THE NOTIFY. 22a. I certify tho sow the decobave, (1) (w	ERATION UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER TURHILE WORK (1) (this haspital) eased alive and (did not) v	19b. CONDITH 19b. CONDITH 21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF IAT HOME. SIREE attended the	ON FOR WHICH INJURY MONTH DA FINJURY INJURY INJURY INJURY IFACTORY, OFFICE, FA	OPERATION AY YEAR 19 ARM ETC.)	NOT RELATED N WAS PERFO 21c. HOW IN. 21f. LOCATIO STREET Ad that in (my) DEGREE A	TO THE TERM RMED JURY OCCURR ON 19 (our) apinion of the properties of the prope	200 AUTOPSY YÉS NO RED (ENTER NATURE	? 200 IN OF INJURY IN YORTOWN the date of	LIFYES, WE CERTIFYING YES INTERNITED INTERNI	RE FINDING CAUSES OR PART 2)	IGS USED OF DEATH? NO STATI
PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY, 21d. INJURY OCC 22a. I certify tho sow the dec above, (I) (w	ERATION CAUSE OF DEATH MEDICAL EXAMINER) UNRED T WHILE WORK (1) (His haspital) eased alive on the color of the color o	19b. CONDITH 19b. CONDITH 21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF IAT HOME. SIREE attended the	ON FOR WHICH INJURY MONTH DA FINJURY INJURY INJURY INJURY IFACTORY, OFFICE, FA	OPERATION AY YEAR 19 ARM ETC.)	NOT RELATED N WAS PERFO 21c. HOW IN. 21f. LOCATIO STREET Add that in (my) DEGREE	TO THE TERM RMED JURY OCCURR ON 19 (our) apinion of the properties of the prope	200 AUTOPSY YES NO RED (ENTER NATURE CIT death occurred an	? 200 IN OF INJURY IN YORTOWN the date of	LIFYES, WE CERTIFYING YES INTERNITED INTERNI	RE FINDING CAUSES OR PART 2) OUNTY	IGS USED OF DEATH? NO STATI

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician shibuild be detached for use as the bossol-stanish prema. Then please remove carbon-papers. P with the State Dept. of Health and Mental Hygiese prior to bursal, cremation, as remayal.

DHMH - 16 50M 1/81 (VRA 15, 4)

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may becomed by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physiquand completely. Fled is by the function pages should be detached for use as the burial-transit permit. Then please remove corban papers. Puges Lend 2 should be filled — thin 25 hours ofter decount the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The leterated by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the buriol-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE)

1	FOR STATE REGISTRAR		DEPART	MENT OF I	HEALTH AND MENTAL HYG	REG. N	1 2			
	ECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		AY YEAR	2b HOUR	_
(TY)	Linwo	od L.	Thorpe,	Sr.			3 -	4 84	4:15	4
3. SE		4. RACE	znorpe,	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HI	RS
	Male	White		Oct		87	YRS.	ONTHS DAYS	HOURS MI	IN.
7a. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY C		OF DEATH		
N	Virginia	11	SA	WIDOW	ED NEVER MARRIED	Baltim	oro Ci	+17		MD.
[0]	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b, KIND O	F BUSINESS (
	Baltimore	13		rks A	venue 21230	(TYPE OF WORK FOR MOST O			n Mill	
13a	AL RESIDENCE (IF NURSING HOME STATE 13b. COL	OR OTHER INSTITUTION JNTY	136. CITY OR TOW Baltimo	/N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 3327 Pain	e Stre	et 21	211	
14. F	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM			LAS		
1	Ashton Allen 7	_			Mary	Della Smit	h	LAS		
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS			
	Yes W		215 07 6	451	James E. Tho	orpe 1307	St. Ma	rks Ave	e. 2123	30
	18 CAUSE OF DEATH (Enter of	only one cause pe	r line for 19. () , and	dici	- 1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		TH.
	PART I. DEATH WAS CAUS	ATE CAUSE (a)	1cc	1 cl	+alune	2.		2/	14 25	
	1850 DUE TO, OR AS A CONSEQUENCE OF									-
						, testa,		2	yeur	
	gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying couse last	(c)_								
NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110)	
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	IGS USED OF DEATH?	
- E						YES NO	YES		NO 🗌	
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME O HOUR A	of injury .m. month da	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT OR PART 2)		
WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		Μ.	19						
MED	21d INJURY OCCURRED WHILE NOT WHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	AT WORK AT WORK			1		-	,,			
	22a I certify that (I) (this hosp saw the deceased alive o	oital) ottended th	e deceased from	2011	19 2	to Mar.	71		that (1) (we) la	ost
	abave, (I) (we) (did) (did n	at view the body	ofter deoth.		nd that in (my) (aur) opinion o	death occurred on the do	ate and haur			
	IN SIGNATOR	1. Per	velley	Kar	DEGREE ATTENDING _	MEDICAL STAF		22c. DATE	SIGNED -	4
1	22d PMY TIAN'S NAME TYPE	OR PRINT)		,-,,	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	IAN [101	_
	Lames	R. Pou	udar, 18	4.4	817 Linder	~ Ave. Bu	Herories	e perd.	2120	/
	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	_
	Burial	3/7/	84 L	orrai	ne Park Cem.	Woodlawn	Balt	o. Co.	MD	
	UNERAL DIRECTOR		ADDRESS		25a. DATE	REC'D. BY REGISTRAR	256. REGISTR	ARASIANA	Holella	5.
	Burgee Funeral	Home 36	31 Falls	Koad	21211 MAR	6 1984				

DHMH - 16 50M 1/81 (VRA 15, 4)

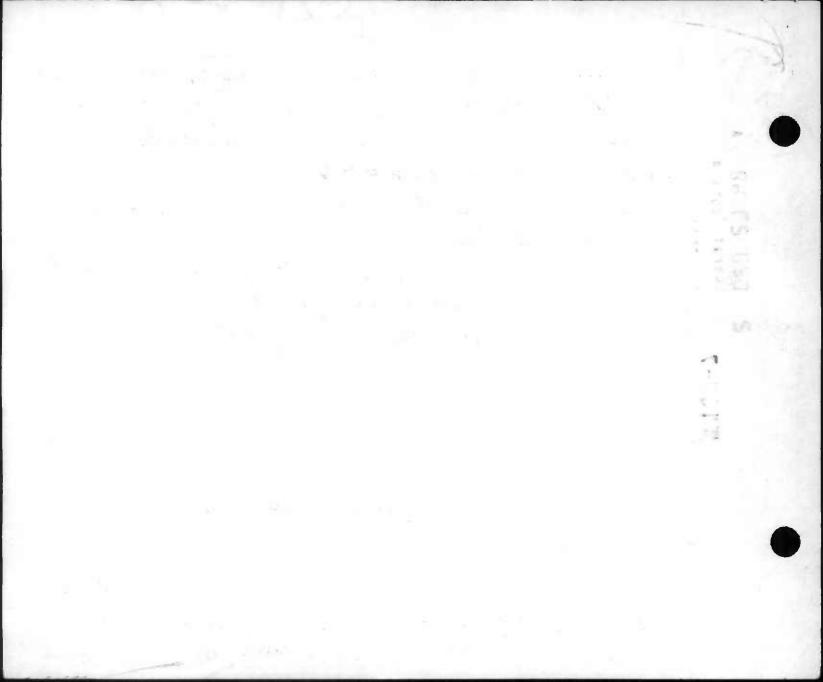
IMPORTANT: If Item 21 is marked or Item 18 shows any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

220900	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	7473
ă	1. DECEASED NAME FIRST CORA	MIDDLE B	THREAT	2a DATE OF DEATH MONTH	DAY YEAR 2h HOUR
000	SEX	1 RACE NEGRO	5. DATE OF BIRTH MONTH DAY YEAR 100 150 150 150 150 150 150 150 150 150	MARCH 2, 198 6 AGE (IN YEARS LAST BIRTHDAY) 75 YRS	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐	9 BALTIMORE CITY OR COUN BALTIMORE C	ITY OF DEATH
5	BALTIMORE	JOHNS HOPKIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) HOUSE WIT	126 KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COUR		13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CO	DE SING
	la FATHER'S NAME PARST AWARD	MIDDLE Darter LAST	FIRST	Greene	LAST
	160 WAS DECEASED EVER IN U.S. AR (YES, NOORUNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES)	Lucille Ha.	per 1243 7	. Bond St
A COLUMN TO A COLU	PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), as ED BY: TE CAUSE (a) Cordio	pulponary are	nt	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES
Chill I I I I	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	Card : relmonary	anest	2 DAYS 2-29-84
0.000	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	JENCE OF		
		conditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERM		
1000	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
7		HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART ?)
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE	218 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
8.0	sow the deceased alive or	ital) are index the deceased from 19 19 19	S and that in (my) (our) apinion	death occurred on the date and h	, 19 , that (I) (we) lost
	22h SIGNATURE	uch	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
120	, 22d. PHYSICIAN'S NAME (TYPE O	Production h	22e ADDRESS To h	-s Hopk.	~ 5 H250
7	236. BURIAL CREMATION, REMOVAL	3/9/84 T	NAME OF CEMETERY OF CREMATORY SOLD COMBLES	23d LOCATION	Crounty STATE
	74 FUNERAL DIRECTOR	12/12 12 000 ds		TE REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)



TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be described for use of the businel-transfer and plates remove condensables. Faces 1 and 2 should be filled within 72 hours after death

should be detoched for use or the buriol-tronut permit. Then pladas remove corbons with the State Dept. of Health and Mental Hygiens prior to buriol, cremofian, or rem

etained by the hospital or attending physicial

BP.

MPORTANT: If them 21 is marked as them 18 shaws

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 4 7 4

REGISTRAR		CE	RTIFICATE OF DE	ATH	REG.	NO.		
1 DECEASED NAME FIRST	-	MIDDLE	LAST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
ERM	I A	TH	IROWER		MARCH	25.	1984	M
3 SEX	4 RACE		ATE OF BIRTH		AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	
Female		ack	1 5 DAY	22	62	YRS	MONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	ARRIED NEVER MA	ARRIED 🗀 1	BALTIMORE CITY	OR COUN	TY OF DEATH	
Pennsylvania	U.			ORCED	BALTIMO	RE C	ITY.	MD.
ID. CITY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSING HO	SS)		120. USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS OR
BALTIMORE USUAL RESIDENCE (# NURSING HOA		EAST FEDER		T 1				
	OUNTY	13c. CITY OR TOWN	113d INSIDE CIT		3e.STREET ADDRES			
Maryland		Baltimor	e YES 🛛 1	40 🗆	1813 E.	Fede	ral St	. 21213
14. FATHER'S NAME	WIDDLE	LAS1	15. MOTHER'S /	MAIDEN NAMI	E MIDDLE		LAS	S.I
Robert	MIDDEL	Moore		rie			Jack	
16a WAS DECEASED EVER IN U.S		166. SOCIAL SECURITY	NO. 17 INFORMAN	IT	ADD	RESS		
(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	217-09-41	56 Cecili	ia Wal	ston 183	l3 Ea		eral St
Conditions, if day, which gove rise to immediate cause (ii), stating the underlying couse lost PART 2. OTHER SIGNLETCA PART 2. OTHER 2.	DUE TO, O	R AS A CONSEQUENCE	H BUT NOT RELATED T		286 AUTOPSY?	76b. IF Y	TIVEN IN PART 1: TES, WERE FINDING CAUSES YES [1]	NGS USED
The company of the Control of the Co	freed to a common time.		YEAR 71c HOW INJ	URY OCCURRE	D (16078 SATURE OF P	OLIFT IN FILM I	E PART I CREMET 21	
THE INJURY OCCURRED		.M.	19					
- while I I NOT WHILE I		OF INJURY WELL FACTORS, OFFICE FARM, I	TE LOCATION		CITYON	TOWN	EDUNT	STATE
27s.1 certify that (b) (this h sow the decreased alive obove, (figwe) (did) (di 27s. SIGNATURE	on MARCH	19. 10 84	O DESTRICT AT	TENDING .	DIRECTOR PHY	TAFF SICIAN []	72c DATE	SIGNED
SUSAN Z). (UOLF.	STHAL 123 NAME	2 S.C	fren	LST. UL	w.	md Ho	gotel
SBURIAL	3/31		timore Ce			more,	COUNTY	Ma.
24 FUNERAL DIRECTOR	/II T = -	ADDRESS		AAA	REC'D. BY REGISTR	10	STRAR'S SIGNA	
Wm C March F	n inc.	TIOI E NO	rin Avent	iel .	20 1904	June		- Indiana

DHMH - 16 50M 4/83 (VRA 15, 4)

Коемосциона оf Рисични смоту LUNG CANCER

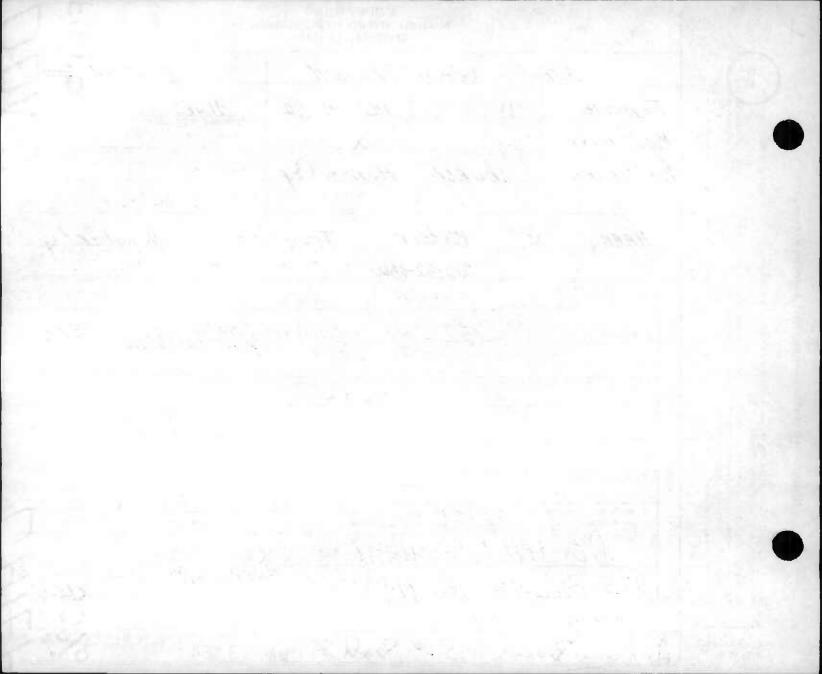
Burea D. Werferland as SISAN D. WILTSTHAL TIS GUERL ST. Court AND HOSPITES

STATE OF MARYLAND

FOR

(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within \$4 hours retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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/	Siz B	1	0
DEC	NO		

Ι.	REGISTRAR		CERTII	FICATE OF DEATH		REG. NO),			
	DECEASED NAME FIRST	WIDDLE	17.	LAST	20. DATE		MONTH DAY	YEAR 21	b. HOUR	
J"	TRHA	BerTha.	TINKL	> 0	3/2	2/24		2	315	AM
1		RACE	5 DATE	OF BIRTH	6. ACE (1	N YEARS LAST BIRTH		DER I YEAR	FUNDER 2	
42	Femal:	white	MONI			64	YRS.	HS. DAVS H	1OURS	MIN.
170		CITIZEN OF WHAT COU	INTRY? 8	D NEVER MARRIED	9 BALTIN	ORE CITY OF	COUNTY OF	HTA		
2	· Heryland	U.S.A.	WIDOW		- A	+ (more	CITY	r.		MD.
170	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, I		OR OTHER INSTITUTION		L OCCUPATION OF FOR MOST OF		26. KIND OF ENDUSTRY	BUSINES	SOR
7	Baltimore /	South Baltumen	- 1 .	DIPITAL		1	1 . 7	am AR	2 - Do	WAIS
	JUAL RESIDENCE (IF NURSING HOME OR CO. STATE 13) COUNT	THER INSTITUTION CIVE RESIDEN	CE BEFORE ADMISSION)		IS2 13e STREE	T ADDRESS /	ZIP CODE	,		
	Maryland. Balt	imore Owing	s Mills	YES NOX			UIRA Q	WAGE HIL	Ls MI	21117
14	FATHER'S NAME	IDDIE U	AST	15 MOTHER'S MAIDE	NNAME	MIDDLE		LAST		
A	Richard	miell	4	Annie		Misset	Rob	106101	. 7	
7 160	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (# YES, GIVE	11111 00 00 01111	AL SECURITY NO.	17 INFORMANI	william	ADDRES	Kleiz			
	NO -	220-	22-8861	10405 Lyons		Quinas 1	Mills. 111	1 2/11	7	
F	18. CAUSE OF DEATH (Enter only	one couse per line for (a),	(b), and (c).)					APPROXIMA BETWEEN ON	TE INTERV	AL E ATH
	PART I. DEATH WAS CAUSED IMMEDIATE	#/ A = A	Watola_	AIREST			0.54			
1	1629	DUE TO, OR AS A COM	NSFOUENCE OF							
1	Conditions, if ony, which		STATIC	Lung car	choma					
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	NSEQUENCE OF	0						
	underlying couse lost.	(c) Case	er of su	sht midd	le car	•				
1,	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISE	ASE OR COND	ITION GIVEN I	N PART 110		
CEDTIFICATION		N	<u> </u>				In the second	or colonia		
1 2	190 DATE OF OPERATION	196 CONDITION FOR	1	ON WAS PERFORMED	20a AU	ITOPSY?	206. IF YES, WE IN CERTIFYING	G CAUSES O	F DEATH	1?
	N/H		ul H	101 11011111111111111111111111111111111	YES		YES [,	NO 🗌	
		HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY O	CCURRED (ENTER	NATURE OF INJUR	Y IN ITEM IS PART I	OR PART 2)		
A	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	211122171211						
AMEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	VN .	COUNTY	STA	ATE
	AT WORK AT WORK				01.			91.		
1	22a.1 certify that (1) (this haspite saw the deceased alive an		744	and that in (my) (our) op	84 , to_	MADCI			ot (I) (w	-
	obove, (we) (did) (did not)	view the body ofter death			amon deam occo	Ted on the do	re and noor one	22c. DATE SH		eu
	THE SIGNATURE F	Duesela		DEGREE				ZIL. DATE SI	SINED	
-	22d PHYSICIAN'S NAME (TYPE OR	7		PHYSICI. 27e. ADDRESS	AN DIRECTO	OR PHYSIC	IAN 🚺	3/4	-0/1	7_
	Dr. Carce	1		3001 South	Hanover	ST. Ba	It um wei	H.D. 2	.1230	>
73	IO. BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	CEMETERY OR CREMAT	ORY 23d LO	CATION				
	Burial	3-31-84	Ward's	Chapel Cem		andall s	town, B	altimo	ore,	MD.
24	FUNERAL DIRECTO Loring	Byers Funera	1 Direct	ors, Inc. 25	a. DATE REC'D. B	REGISTRAR	256. REGISTRAN	SIGNATOR	Ed M	1
18	3728 Liberty Road	Randallsto	wn, MD.	21133	MAR 30	1984	I my war france !	200	- (an der

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely illied in by the should be detached for use as the burial-transit permit. Then please remove corbangopers. Pages A and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumotic event, the medical examine must be made.

the state of the s The sale of the sale of the sale of and the second of the second o The County of th Water and the specific and the second of the POLICIES OFFICE SE Cur II am and the language area Supposed to the same production year accuration and the same of th whale the first the second of

6	FOR 1 - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 0 7 4 7	1
	1. DECEASED NAME FIRST	MIDDLE	LAST	2ª DATE OF DEATH MONTH	DAY YEAR 26. HOUR
0.40	(TYPE OR PRINT) & DN+	M	TITUS	03	20 84 8:45P M
	J. SEX FEMALE	RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 6. YR	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
(L)	BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	MD.
38	BALTIMORE !	JHW OF M	TRY LAND HUSP (14L	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN TOUSE WIFE	12b. KIND OF BUSINESS OR INDUSTRY
135	130. STATE AA	HER INSTITUTION, GIVE RESIDENCE BEFO 13c. CITY OR TO CITY	YES NO NO	130 STREET ADDRESS / ZIP CO	DE GLEN BURNE 2101
ampletes)	WILLIAM -	EBBER		ADDRESS	MITCHELL
1. Poper	160, WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE V				
g physic conpape removal, event, th	18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY:	AC ARRECT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
attendin asse corb ation, or raumatic	Conditions, if any, which	DUE TO, OR AS A CONSEQ	LE PULMONTRY &	MBOLUS;	
d by the sous rem of crem or other t	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF POSSIBLE	M1	
Then p		LCEMIA, HY	POGLYCSMIA, RS	NAL FAILURE:	BREAST CA.
has be permit in permit	19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED \ RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
anticott coltrans mitol Hyg hem 18 o	OR CONTROLLIANCE CALLES OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		RRED (ENTER NATURE OF INJURY IN ITEM	TS PART T OR PART 2)
rke to the transfer of the tra	OR CONTRIBUTING CASS OF BEAT IN THE CONTRIBUTION OF THE CONTRIBUTI	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OTOR: After of for use os to of Health a	22a.1 certify that (1) (this hospitol sow the decease in ve on above, (1) (we) (decease		(27)	death occurred on the date and	haur and Irom the couses stated
AL DIREC detached ate Dept.	276. SIGNATURE			MEDICAL STAFF DIRECTOR PHYSICIAN	3 20 84
O FUNER O FUNER Conflictor	ARIF AUSS	A.~	22 S. GRS	ENE St. BA	LTIMORE, MA
BP	(SPECIFY) Burial	1	NAME OF CEMETERY OR CREMATORY Baltimore National	Baltimore	COUNTY STATE MD
WH - 16 50M 4/83 (VRA 15, 4)	James S. Kirkl	ey, Glen Burni		TE REC'D. BY REGISTRAR 256. RES	chia Davidson-Randaer.

(VRA 15, 4)

ETTER PRODUCE TO 1- 1710 7.2.0 Finish 154-Timore Come, of with the House of the Hermite POIL WITH AND WITH THE WAY A STATE H WELLS FEBRUARY - MARKETS LICENSE Contracted formany someon FEET BLE NOT HARRING COMING HARRING ROMA FROME EXTRESS LIVER IN 6-1-1 12 F 1 55 mm property to make a zz

	oth. Poge when be	eral director page 72 hours after deat
RYLAND 21201	within 24 hours after de	etely filled in by the fun d 2 should be filed within
v ST., BALTIMORE, MA	certificate be executed	ing physician and camp
IDS, 201 W. PRESTOR	squires that the death	signed by the attend
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction and should be detached for use as the burial-transit permit. Then please remove carbonopers. Pages I and 2 should be filled within 72 hours are accounted by the detached for use as the burial-transit permit.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: should be detoched for us

	1 -	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		1 8 07478
)		CEASED NAME PRIST		TOL	KIN BO 15	29 DATE DEDEATH MONTH	- 28-84 50
ors off	3. SEX	EMALE	RACE	5. DATE (E. 3 1896		MONTHS DAYS HOURS
hin 72 ho		RTHPLACE (STATE OR FOREIGN OUNTRY)	7b. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN	WIDOW		9 BAYIMORE CITY OR COL	125. KIND OF BUSINE
all and all all all all all all all all all al		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET LEVINDALE HE R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	BREW I		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE	AT HOME
should be	130. S MA	TATE 136 COU RYLAND THER'S NAME		/N	13d. INSIDE CITY LIMITS? YESXIX NO 15. MOTHER'S MAIDEN NAMED IN		CODE #21215 LA., APT. 204
ond 2 s		MEYER	KANDELL	IDITY	REBECCA	MIDDLE	WASSERMAN
ers. Pages I. The medico	- 0	(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (18 YES, G NO	RMED FORCES? 166. SOCIAL SECULATION (NE WAR OR DATES) 217-26-			LIOT N. LEWIS,	ATTY. #2/20/ APPROXIMATE INTER BETWEEN ONSET AND I
min. Then please remover prior to buriol, cremation ony injury, or other trou	ATION	Conditions, if orly, which gove rise to immediate couse lol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO LIST CONDITION FOR WHICH	DEATH BUT			IN GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED
nsit permit ygiene prio	CERTIFICATION	2)a. ACCIDENT WAS UNDERLYING		TOTERATIO		YES NO INC	CERTIFYING CAUSES OF DEATH
od Mentol Hy	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED	HOUR A.M. MONTH D	19	211 LOCATION STREET	CITY OR TOWN	COUNTY ST
ed for use os the of the of Health or em 21 is morke		saw the deceased alive a	oitol) ottended the deceosed from 3/29/19/2011 view the body ofter droth.	-	nd that in (my) (ser) opinion of	deoth occurred on the dote on	, 19 4, that www. and hour and from the couses sto 122, DATE SIGNED
should be detocht with the State Det		226. PHYSICIAN'S NAME (TYPE	OR PRINT) TO N			dale Geria	3/28/8
of www.	23a. E	URIAL, CREMATION, REMOVA	<u> </u>		CEMETERY OR CREMATORY ONTEFIORE WOOL	231 LOCATION	COUNTY ST
50M 4/83			LEVINSON & BROS	.,INC	• 25e. DAT	R 2 1984	egistralis signatilité via Davidson-Aundal

Manager College Company 114000000

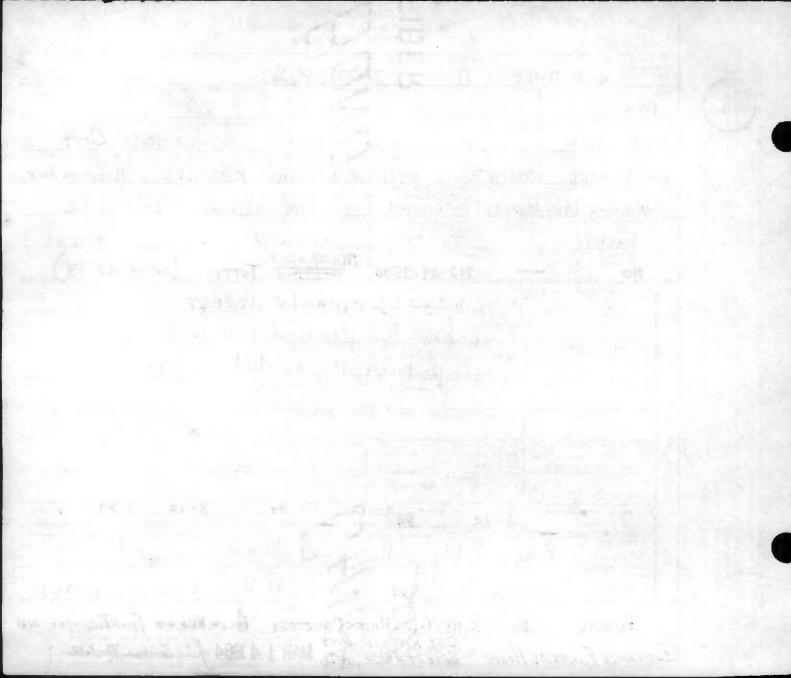
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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١	1-	FOR STATE REGISTRAR			F HEALTH AND MENT	110) / 4	1 4		
ł	DEC	EASED NAME FIRST	WIDDFI		LAST	20 DA	REG. NO	MONTH DAY	YEAR	2b. HOUR
1		LAWREN	CE 1	1.	TOTTY	SR.		3 12	84	1:430
ł	3. SEX		1 RACE	5. DA	TE OF BIRTH		(IN YEARS LAST BIRT	- 1-	DER 1 YEAR	IF UNDER 24 HRS
ı	1	MALE	CAUCA	SIAN Î	I DAY YE	AR	72	YRS.	HS DAYS	HOURS MIN,
1	7a. BIR	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8	National and	P. BAL	TIMORE CITY O		DEATH	
×	N	PARYLAND	USA		RIED NEVER MARRI		BALTZ	more	Cir	MD.
1	10 CIT	TY OR TOWN OF DEATH			AE OR OTHER INSTITUTE	ON 120. US	SUAL OCCUPATION WORK FOR MOST OF		2b. KIND OI	BUSINESS OR
9	B	ALTIMORE	SOUTH BA	LTIMORE G	ENERAL HOS	PJTAL 18	ETINE			ICH MAR.
1	13a. S1		OTHER INSTITUTION, GIVE TY 13c.	RESIDENCE BEFORE ADMISSI CITY OR TOWN ASADENA	134. INSIDE CITY LIA	and the same of	CEET ADDRESS /		2112	2
1	1. FA1	THER'S NAME FIRST	AIDDLE	TOTTY	15. MOTHER'S MAIL	USTA	WIDDLE		PO	
2	láe. W	AS DECEASED EVER IN U.S. ARA	MED FORCES? 16b.	SOCIAL SECURITY N		RET	ADDRE	SS		1
4	(46	NO (IF YES, GIVE	2	12-09-350	O CHAI	I To	rry (SAME	AS 1	3)
1		18 CAUSE OF DEATH (Enter an		-					BETWEEN	MATE INTERVAL INSET AND DEATH
ı		PART I. DEATH WAS CAUSED	E CAUSE (a) CF	RDIO R	ES PINATO	RY AR	REST			
1		4100	DUE TO, OR AS	A CONSEQUENCE C	F	1	1	1		
1		Conditions, if any, which	(b) 0 V	ubable (in ples 1	antri cu	les les	to		
1		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	CONSEQUENCE C	ny maso	e dia	Linford	tun		
1	,	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTI	RIBUTING TO DEATH	BUT NOT RELATED TO TH	HE TERMINAL D	ISEASE OR CONE	ITION GIVEN I	N PART 1to	
/	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERA	TION WAS PERFORMED	20a YES	AUTOPSY?	206. IF YES, WI		
i	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF IN.		21c. HOW INJURY				OR PART 2)	
	7.27 AU	OR CONTRIBUTING CAUSE OF DEA	10	MONTH DAY YE	AR					
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF It		21f. LOCATION		CITY OR TO	VN	COUNTY	STATE
1	2	NOT WHILE AT WORK	(AI NOME STREET, F	ACTORT, OFFICE, PARM, ETC						
		22a.1 certify that (this haspit	12 1 12	G./	- 12 19.	34, to		. 19_		hat (we) last
1) view the bady after		., and that in (aur)	apinion death a	ccurred on the do	te and hour and		
		22b. SIGNATURE	2	0, -1	DEGREE	DING MED	ICAL STAF		22c. DATE S	SIGNED
H		22d. PHYSICIAN'S NAME (TYPE OF	PRINT!	1 cegn	22. ADDRESS	CIAN DIRE	CTOR PHYSIC	IAN		
		89	evin = 8	Page.	2001 50		mu of	Buth	~ he	DJ1237
		URIAL, CREMATION, REMOVAL	23b DATE		F CEMETERY OR CREM		LOCATION CITY OR TOWN		NINI	STATE
	24 57	BURIAL	MARCH 15,	H84 GIEN	AVEN COMET		ILEN BUR			N'DEL MD
	2	JNERAL DIRECTOR	11.	S Rolles KITCH	HE HWY.	1R 1 4	BY REGISTRAR	Soudana_	Randal	DRE :
-	40	RRANCO TUNERAL	HOME	DEVERNATI	RK, MD.	MA (T. 12)	June	tour latter a		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After should be detached for use as the with the State Dept. of Health as



FOR 1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO 20. DATE KNOWN TO MONTH 2b. HOUR 19 84 2d. HOUR 2:10 19 84 9. BALTIMORE CITY OR COUNTY OF DEATH | Baltimore City 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 1201 BETWEEN ONSET AND DEATH 20 AUTOPSY? YES NOX STATE COUNTY and in my apinian SIGNED 3-8-84

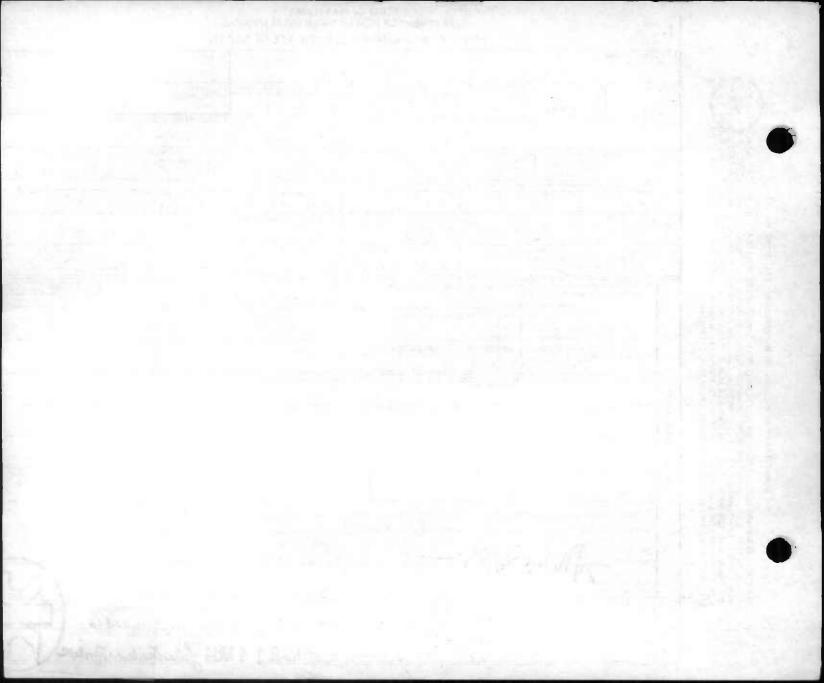
256 REGISTRAR'S SIGNATURE

250. DATE REC'D. BY REGISTRAR

DHMH - 17

FUNERAL

(VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND

1 -	- STATE REGISTRAR		CERTIFICATE OF DEATH		
	CEASED NAME FIRST EORPRINT)	MIDDLE	TURBOX Ki	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
3. SE		1 RACE (AU CASIAN	5. DATE OF BIRTH MONTH DAY YEAR 20 1908	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HA
7a. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY MARY LAND	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNTY	Y OF DEATH
-F	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	120. USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS (INDUSTRY OF
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		N 13d. INSIDE CITY LIMITS?		EDERE AVE
14. FA	ATHER'S NAME MÄHLER	TURBOSKI	15. MOTHER'S MAIDEN NA BETTY	MIDDLE	MYERBERG
	WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b. SOCIAL SECU		DOROTHY QUIRMBAC AVE. BALTO N	
	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	ENCE OF	* = 1	
ATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) NCC (M) ONDITIONS CONTRIBUTING TO D		AINAL DISEASE OR COUDITION GIV	VEN IN PART 1(a
ERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 199. DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) NEC W ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? YES NO YES YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
SICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH 19b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19	200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO I 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 21f. LOCATION	200 AUTOPSY? YES NO YES YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 21f. HOW INJURY OCCUR STREET OPERATION STREET DEGREE ATTENDING	200 AUTOPSY? 20b. IF YE IN CERTIL YES NO YE RED (ENTER NATURE OF INJURY IN ITEM 18 IN CERTIL YES NO YES NOT THE NATURE OF INJURY IN ITEM 18 IN CITY OR TOWN A COURTED ON THE NATURE OF INJURY IN ITEM 18 IN CITY OR TOWN	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE
MEDICAL	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 120 OF THE CONTRIBUTION OF THE CONTRIBU	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO I 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F (AT HOME, STREET, F	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 21f. LOCATION STREET Ond that in (my) (our) opinion DEGREE	200 AUTOPSY? 200. IF YE IN CERTIL YES NO VIEW IN THE NEW YES CITY OR TOWN CITY OR TOWN death occurred on the date and hou	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 that (I) (we) I 22c. DATE SIGNED

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

6010 REISTERSTOWN RD

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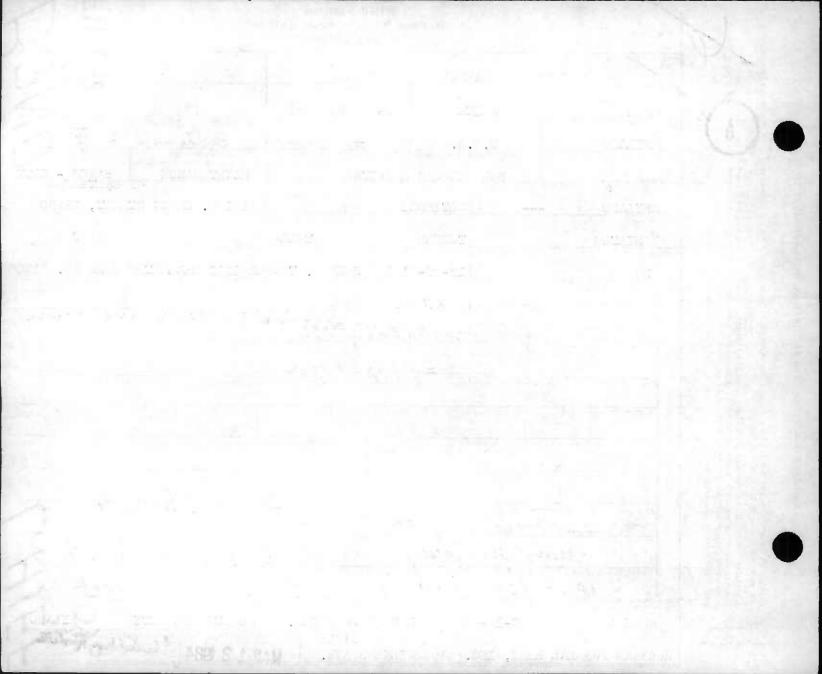
DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			CERTIFI	CATE OF DE	ATH	REG.	NO.		
	DECEASED NAME FIRST		MIDDLE	LA	ST	A.	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	ALF	RED S	AMUEL	. Т	URNER			03 /	1184	09,22AM
1.	SEX	4. RACE		5. DATE O	F BIRTH DAY	YE AR	6. AGE (IN YEARS LAST		MONTHS DAYS	IF UNDER 24 HRS
L	MALE	WH	ITE	08	04	06	7	7 YRS.	DATS	MIN.
170	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER MA	RRIED 🗆	9. BALTIMORE CITY	OR COUNTY	OF DEATH	+-
R	MARYLAND	υ.	S.A.	WIDOWE		RCED	Bal	imocs	5 (1)	MD.
13	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		R OTHER INSTITU	NOITL	12a USUAL OCCUPA			BUSINESS OR
1	BALTIMORE		SECOURS		TAL		MAINTENA	ANCE	PAR	KS - CITY
	SUAL RESIDENCE FINANCHO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY	LIMITS?	13e.STREET ADDRES			IMORE
1	MARYLAND		BALTIMOR	1		0 🗆	1151 W. (21230
14	FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S M		ME		EAS	sr
P	MILTON	Model	TURNER			CELLA	Model		HA	
160	. WAS DECEASED EVER IN U.S	S, ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADD	RESS		
1	(YES, NO OR UNKNOWN) (IF YE	ES, GIVE WAR OR DATES)	212-05-5	5131	JOHN A	TURN	NER 1213 M	EREDITE	IS FORD	RD. 2120
Г	18 CAUSE OF DEATH (Ent	er only ane cause per	line for (o), (b), and	d (c).)				12-1-14	BETWEEN	ONSET AND DEATH
П	PART I. DEATH WAS CA	AUSED BY:	Carpi	ac.	ARRES	T			0	
1	4620	DIATE CAOOL (d)	R AS A CONSEQUE		1 RTERIO	acler	otic Card	iovasc	WAR	pisease
1	1720	DUE TO, O	R AS A CONSEQUE	NCEOF	7.1					
	Canditians, if any, whice		MULKE	Laco	rome	27				
	cause (a), stating th		R AS A CONSEQUE	NCE OF	4					
	underlying cause las	<u>†.</u>	En	. 4.2	15-6 m	ia.				
П	PART 2. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART I	a
200										
CEDTIEICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORM	NED	200 AUTOPSY?		S, WERE FINDI	
Î							YES NO		S [NO [
1 8	21a. ACCIDENT WAS UNDERLYIN			V VEAB	21c HOW INJU	RY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18 F	PART (OR PART 2)	
	OR COLUMNIA TO CALLES	JF DEATH	.M. MONTH DA	19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION		CITY OR		COUNTY	STATE
1 3	WHILE NOT WHILE T	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR) /	001411	STATE
	220 I certify that (1) (this	haspital) attended th	e deceased from		720	1084	to 4	11	10 0 4	that (I) (we) last
	sow the deceased aliv	ve an	10 19	94 , an	d that in (my) (o	ur) opinian	death occurred on the	date and hou	or and from the	causes stated
1	abave, (1) (we) (did) (d	lid nat) view the bady	after death,	•	DEGREE				-	SIGNED
	X11	eny Ma	1 Huu	2	AA sh ATT	ENDING N		TAFF	3	11/0
	224 PHYSICIAN'S NAME (TYPE OF BRINTI	Ty (1 1	22e. ADDRESS	YSICIAN	DIRECTOR PHY	ICIAN [/	11/08
	KUAN	G-YEN	HUA.	NG	Tru. ADDRESS	Bo	11.51	2000	vis 1	Hosp
23	a. BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c. N	NAME OF CI	EMETERY OR CRI	MATORY	23d. LOCATION		4. Out 174	1
	BURIAL	03-14-	-84	LOUDON	PARK C	EM.	BALT IMO	RE CIT	Y M	ARYLÄND
24	FUNERAL DIRECTOR				21229	25a. DAT	E REC'D, BY REGISTRA	AR 256 REGIST	TRAR'S SIGNA	20.00
1	HUBBARD FUNERA	L HOME, IN	VC. 4107 V	VILKEN	IS AVE.	M	AR 1 2 1984	Julian	Davidson	46.4



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remave carban papers. Pages with the State Dept. of Health and Mental Hygrene priar to burial, cremation, or respond. MPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other troumatic event, the medic FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1		***	
1	1	O	8
RI	EG. NO		

PECEASED NAME EIRST (PE OR PRINT) CHAF	٨	MIDDLE				10.			
CHAP		MIDDEE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
EX	LES	T	URNER			03	11	84	6:05A
	4. RACE		5. DATE (6. AGE (IN YEARS LAST BI	RTHOAY)	JE UNI	DER I YEAR	IE UNDER 24 HE
Male	Blac	k	08	15 09	74	YR		DATS	NOURS MI
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	NTY OF E	DEATH	
Maryland	U.	S.A.	WIDOW	D =	Baltimor	e Ci	ty		
CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ЮИ	12	L KIND C	F BUSINESS C
Baltimore		idtown H		Inc.	(TIPE OF WORK EOR MOS)	OF WORKING	O fisel 114	OUSIKI	
UAL RESIDENCE (IF NURSING HOME I. STATE 13b. CO	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFOR 13c. CITY OR TOV	RE ADMISSION)		13e.STREET ADDRESS 2601 Ros			212	16
FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME				
UNKNÖWN	WIDDLE	LAST		UNKNOWN	WIDDLE			LAS	51
WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECI	URITY NO.	17. INFORMANT	ADDR	ESS			
NO NO OR DAKNOWAY	SIVE WAR OR DATES!	215-74-	2240	Mre. Perle	808 Sa	int	Pau	1 St	reet
18 CAUSE OF DEATH (Enter	anly one couse per	line to (a) (b) as	nd (c).)					APPROX	MATE INTERVAL
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OF		ENCE OF	ATURE E	REVATI	IN	CIVEN IN	I DADT 1	
gove rise to immediate cause (o1, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OF	R AS A CONSEOU PEN	DEATH BUT		EVA 7 (INAL DISEASE OR CON 200 AUTOPSY?	20b. IF	YES, WE	RE FINDIN	NGS USED
gove rise to immediate cause (o1, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OF	R AS A CONSEOU PEN	DEATH BUT	ATURE E		20b. IF	YES, WE	RE FINDIN	
gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OF	ONTRIBUTING TO	DEATH BUT	ATURE E	200 AUTOPSY? YES NO	20b. IF IN CER	YES, WEI	RE FINDING CAUSES	NGS USED OF DEATH?
gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DUE TO, OF (c) T CONDITIONS CO 196 CONDI 196 CONDI OBEATH HOUR AJ PLOTE 216. PLACE	ONTRIBUTING TO	DEATH BUT 1 OPERATION 1 OPERATION 1 OPERATION 1 OPERATION 1 OPERATION 1 OPERATION 1 OPERATION 1 OPERATION 1 OPERATION	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJECTION OF IT	20b. IF IN CER URY IN 1TEM	YES, WERTIFYING YES 18 PART 1 C	RE FINDING CAUSES	NGS USED OF DEATH?
gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CURRED WHILE NOTIFY MEDICAL EXAMINATION OF CURRED AT WORK 22a. I certify that (1) (this has sow the deceased allive above, (1) (we) (did) (did)	DUE TO, OF (c) 19b CONDITIONS CO 19b CONDITIONS	PAS A CONSEQUENT OF THE PROPERTY OF THE PROPER	DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC.)	PATURE E NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREE! 8/15 19 /8 nd that in (my) (our) opinion of	200 AUTOPSY? YES NO CENTER NATURE OF INJ. CITY OR TO	20b. IF IN CER URY IN STEM	YES, WE RTIFYING YES 18 PARTIC	RE FINDING CAUSES OR PART 2) OUNTY	NGS USED OF DEATH? NO STATE that (I) (we) Is couses stated
gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF COURRED WHILE AT WORK AT WORK 22a. I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE	DUE TO, OF (c) 196 CONDITIONS CC 197 CONDITIONS CC 198 CONDITIONS	PAS A CONSEQUENT OF THE PROPERTY OF THE PROPER	DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC.)	INOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET 8/15 19 78 and that in (my) (our) opinion of the company of the c	200 AUTOPSY? YES NO CENTER NATURE OF INJ. CITY OR TO	20b. IF IN CER	YES, WE RTIFYING YES 18 PARTIC	RE FINDING CAUSES OR PART 2)	NGS USED OF DEATH? NO STATE that (I) (we) Is couses stated
gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CURRED WHILE NOTIFY MEDICAL EXAMINATION OF CURRED AT WORK 22a. I certify that (1) (this has sow the deceased allive above, (1) (we) (did) (did)	DUE TO, OF (c)	PAS A CONSEQUENT OF THE PROPERTY OF THE PROPER	DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURF 21l. LOCATION STREET 21l. LOCATION STREET ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the company of the	20b. IF IN CER	YES, WERTHYING YES 18 PARTIC	RE FINDING CAUSES OR PART 2) COUNTY 84 from the	NGS USED OF DEATH? NO STATE that (I) (we) Is couses stated

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician.

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Building City		4		0 Fi e - 6 1
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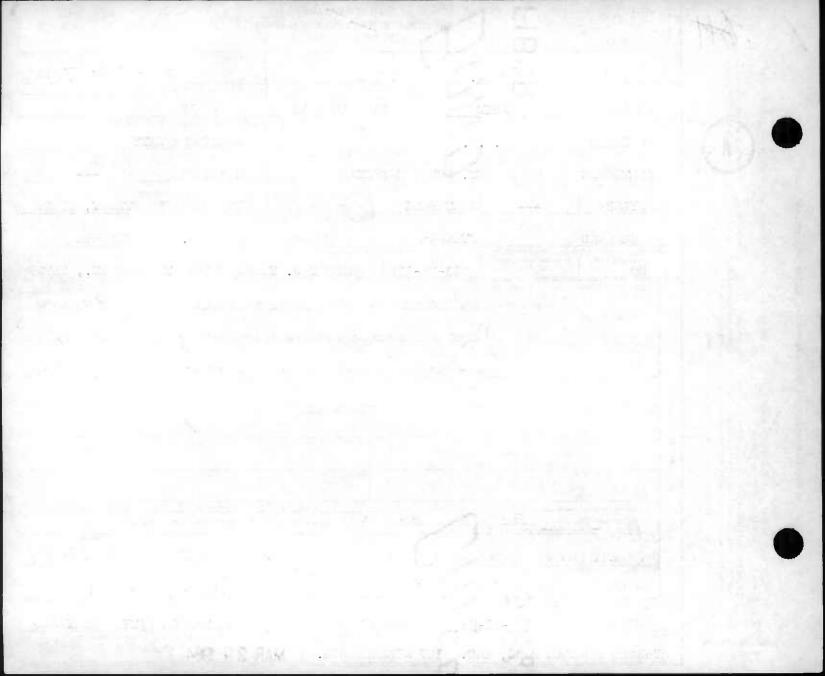
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PREPART A	OF 111	ALTH	AND BEEN	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR			EALTH AND MENTAL HYGI	REG. NO.	la				
ŀ	1. DECEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR				
	(TYPE OR PRINT) ELIZAI	BETH A.	TUR	NER		27-84 7:10PM				
ı	3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN				
1	FEMALE	WHITE	01	10 31	53 YR	S				
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> COU	NTY OF DEATH				
4	MARYLAND	U.S.A.	WIDOWE		BALTIMORE C	TTY MD.				
7	10. CITY OR TOWN OF DEATH			OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	IZE KIND OF BUSINESS OR INDUSTRY				
4	BALTIMORE		AGNES HOSP	ITAL	HOMEMAKER					
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COL	INTY 13c. CI	IDENCE BEFORE ADMISSION) TY OR TOWN TIMORE	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS / ZIP CO 3123 STAFFORI	STREET, 21229				
1	14. FATHER'S NAME FIRST BERNARD	MIDDLE CT 1	CKEL	15. MOTHER'S MAIDEN NAM	M .	FISCHER				
4	16a WAS DECEASED EVER IN U.S. A		OCIAL SECURITY NO.	17. INFORMANT	ADDRESS	110011111				
1		IVE WAR OR DATES)	13-28-1386		URNER 3123 STAI					
Ī	18 CAUSE OF DEATH (Enter of	only one couse per line for		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
1	PART I. DEATH WAS CAUS	ED BY:	naconel	eral home	rrhopo	9 hours				
1	5712 mmedi	5712 IMMEDIAL CAUSE OF								
1	Conditions, if any, which (in Superprotive months of thromboxytopenes d.									
1	gove rise to immediate	(6)	Olece Holes	TO COLOR TOCK		1				
	couse (a), stating the underlying couse last	DUE TO, OR AS A	CONSEQUENCE OF	carrhori	sof lives	years				
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19a. Date of Operation 19b. Condition for which oper			200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO				
	21a. ACCIDENT WAS UNDERLYING	110110 4 44 44		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
		HIAS	ONTH DAY YEAR							
Н	OR CONTRIBUTING CAUSE OF D (IE EITHER, NOTIES MEDICAL EXAMIN 21d. INJURY OCCURRED	21s. PLACE OF INJ	URY	21f LOCATION	CITY OR TOWN	COUNTY STATE				
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT	TORY, OFEICE, EARM, ETC.)	STREET	CITY OR TOWN	COUNTY				
1	22a.1 certify that (I) (this has	270.1 certify that (I) (this hospital) attended the deceased from								
4	saw the deceased alive a	sow) the deceased alive an 3-27 1984, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated shave, (I) (we) (did) (eld not) view the body after death.								
1	226. SIGNATURE	1) 1 11		DEGREE		22c. DATE SIGNED				
	Jamence	2. Galla	eger, M.	-	MEDICAL STAFF DIRECTOR PHYSICIAN	3-27-84				
1	224 PHYSICIAN'S NAME (TYPE	Tolai	1000	22e. ADDRESS ST. A	GNES MED.					
	LAURENCE	E R.GALL	-MOEIC	BALT	O. , M.D. 2	1229				
7	230. BURIAL, CREMATION, REMOVA	L 23b. DATE	23t NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE				
	BURIAL	03-31-84	LOUI	OON PARK						
1		BURIAL 03-31-84 LOUDON PARK BALTIMORE CITY MAR								
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.										

DHMH - 16 50M 4/83 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

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director, page 3

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2		(C)	
-	0	0	

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D .			
	DECEASED NAME FIRST F		Virginia (TURNER RNER	20 DATE OF DEATH	MONTH 3	DAY YEAR 22 84	3 H	S P M
3.	SEX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
1	Female	Whit	e	OC t		82	YRS.	MONTHS DAYS	HOURS	MIN
70	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	B. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	TY OF DEATH		
	Maryland	U.	S.A.	WIDOWE		BALTIMO	RE C	TTY		MD.
100	BALTIMORE	(IF NOT IN SUC	H FACILITY, GIVE STREET AD	DRESS)	OR OTHER INSTITUTION AL HOSPITAL	12a USUAL OCCUPATION OF WORK FOR MOST ON THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OF THE TOTAL OCCUPATION OCC	FWORKING		OF BUSIN	ESSOR
1	SUAL RESIDENCE (IF NURSING HOME O 30. STATE 136 COU Maryland		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Baltimore		YES 🔀 NO	130 STREET ADDRESS /			rkway	
4	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LA		
4	Dr. John (NMN)	Turne:		Frances 17. INFORMANT	Mabel Young		We	ntz	
110		VE WAR OR DATES)	213-03-28		Records	ADDRE	33			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest USE TO, OR AS A CONSEQUENCE OF							BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	A Cerebra R AS A CONSEQUEN DINTRIBUTING TO DE	ICE OF	n farction	IN AL DISEASE OR CON	DITION G	OVEN IN PART I	laip	/
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI TIFYING CAUSES YES []		
/ II .	OR COMMENTANCE TO CAMER OF DE	AIII	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM 18	B PART OR PART 2)	7	
	OR CONTRIBUTING CAUSE OF DE CA	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FAR	PM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY		STATE
	sow the deceased alive or	22a I certify that (1) (this haspital) attended the deceased from 3 9 , 19 34 , 10 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3							that (1) causes st	
	Margaret 1	bughan)		ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		3/3	18/66	1
1	274 PHYSICIAN'S NAME (THE	DEPHIN(I)			27e. ADDRESS					
1	MARCARET	VAUGHA	N M D		201 EAST		TY	PKWY		
2	3. BURIAL, CREMATION, REMOVAL Burial	3/26/8			Park Cemeter	23d LOCATION CITY OR TOWN Baltimo	re	COUNTY		STATE
	A FUNEDAL DIRECTOR		-	-	Int. DAT	DECID DY DECICYDAD		CTD ADIC CICALA	TURE	2.157

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If Item 21 is marked of Them 18 shows any injury, ar other traumatic event, the

retained by the hospital or attending physicion.

STEWART & MOWEN CO., 108 W. North Ave.

		Virginie kontu	Leonar I	
	33, 1991 6ž	.580 83	line .	Winday.
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	More Have Mayer Mapley			pux no page
godzej gło	revise W 001 K	eroniciad		bankyred
35 - 92/60 /	Frances Habel Young	2 152 11 ^m	(99-05)	.105
		02/15-20-2/20		O.

STATE OF MARYLAND

1-	FOR STATE REGISTRAR		DEPARTME	NT OF H	EALTH AND MENTAL I ICATE OF DEATH	HYGIENE 🔾	REG. NO.	5 5		
	EASED NAME FIRST	MIDE	DLE	1	AST	2a. DATI	E OF DEATH MONTH	DAY YEA	2b. H	OUR
(111)	KEN	NETH A	١.	UH	L		3	31 8	1 7-	PM
3, SE)	(4. RACE		S. DATE C			(IN YEARS LAST BIRTHDAY)	IF UNDER 1 Y	EAR IF UNI	DER 24 HRS
1	MALE	TIHW	E	3	°16 °14		70 _Y	RS.	HOUR	a min.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	IAT COUNTRY?	1		9. BALTI	MORE CITY OR COU		d	
2.0	aryland	U.S.A		MARRIEI	DIVORCED		altimore C	lity		MD.
_	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING	HOME C	OR OTHER INSTITUTION	12a USU	JAL OCCUPATION	12b. KIN	D OF BUS	
B	altimore		Agnes Ho		a1		work for most of worki	ING LIFE) INDUS	ntrv	Pride
USUA	AL RESIDENCE LIF NURSING HOME	OR OTHER INSTITUTION, GIV						-		
13a. S	TATE N3M COL	altimore 13	Arbutus		13d. Inside City Limits YES NO TX		ET ADDRESS / ZIP (code 1d 212	27	
	THER'S NAME	4272020			15. MOTHER'S MAIDEN		27 -2111 2100			
	FIRST	MIDDLE	Uh1		Helen		MIDDLE	771_	LAST	
1 - 1 -	August VAS DECEASED EVER IN U.S. A	BALED EOBCESS 114	b. SOCIAL SECURI	TV NO	ne Len		ADDRESS	Uh	T	
	(IF YES.	GIVE WAR OR DATES)				177		101 D.1	014	207
	ILO	WW II	216-12-9	0//	Patricia L	. Forr	est 1119	Elm Rd.	212	
	18. CAUSE OF DEATH (Enter		0 .				1	BETW	PROXIMATE IN LEEN ONSET A	AND DEATH
	PART I. DEATH WAS CAUSE BY: Cardio pul monary Arrest									
	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, it only, which ((b) Cerelnovascular accident (CVA)							A)		
	gove rise to immediate									
	underlying couse lost. DUETO, OR AS A CONSEQUENCE OF POSSIBLE TAYON BOTIC									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to									
Z										
CERTIFICATION	19a, DATE OF OPERATION	19h CONDITIO	ON FOR WHICH C	PERATIO	N WAS PERFORMED	20a A	AUTOPSY? 20b.	IF YES, WERE FI	NDINGS U	ISED
FIC	THE DATE OF CIERATION	7.0. CO. O. I.					YES NOT YES NO NO NO NO NO NO NO NO NO NO NO NO NO			EATH?
RT	A CONTAIN WAS IN DESIGNATED	71b TIME OF I	FINITIPY OF CUR				YES NOW YES NO NO NO NEED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			<u>'</u>
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I		MONTH DAY	YEAR	ZIE HOW INJURY OC	CURRED (ENT	ER NATURE OF INJURY IN ITE	M 18 PART I OR PAR	1 2)	
CAI	(IF FITHER, NOTIFY MEDICAL EXAMIN			19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FAR	MA ETC)	21f. LOCATION STREET		CITY OR TOWN	COUNT	٧	STATE
>	AT WORK NOT WHILE	(Al Horiz, Singer	, , , , , , , , , , , , , , , , , , , ,							
	220.1 certify that (1) (this has		deceosed from	3 -0	24 , 19	\$ ef_, to_	3-31	. 19 4/1	t, that (I) (we) lost
	sow the deceased alive above, (1) (we) (did) (did	on 3-31		4.0	nd that in (my) (our) apir	nion death acc	curred on the date one	d hour and from	the couses	s stoted
	72b. SIGNATURE	nor, view the body on	rer deom.		DEGREE			22c. D	ATE SIGN	ED
	R. Cal	vain			ATTENDIN PHYSICIA	IG MEDIC	CAL STAFF TOR PHYSICIAN [
	72d. PHYSICIAN'S NAME ETYP	E OR PRINT)			22e. ADDRESS	IN DIREC	TOR FHISICIAIN [1.
	Raafat	y. Gir	gis		st. F	7gnes	, Hosp	ital-	Ва	Himos
	BURIAL, CREMATION, REMOV			AME OF C	EMETERY OR CREMATO	ORY 23d L	OCATION CITY OF TOWN	COUNTY		STATE
	Burial	4/4/84	Lo	udon	Park Cemet		altimore			cyland
24 FI	UNERAL DIRECTOR			2122	125-		BY REGISTRAR 26 RE	EGISTRAR'S SIG	NATHER !	2
Hul	bard Funeral	Home, Inc.	4107 Wi			K 2	1984	Arrest Address and		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	H
CERTIFICATE OF DEATH	

YGIENE D 7 4 8

REG. NO.				
20. DATE OF DEATH MONTH	DAY	YEAR	2b. HOU	IR
03-05-84			11-	10
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 H
F-1	MONTHS	DAYS	HOUR5	MI

5. DATE OF BIRTH MONTH

MIDDLE

10

9. BALTIMORE CITY OR COUNTY OF DEATH

Balto.

7b. CITIZEN OF WHAT 7n BIRTHPLACE A STATE OR FOREIGN

FIRST

Louise

MARRIED NEVER MARRIED DIVORCED [WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12b. KIND OF BUSINESS OR INDUSTRY

emale

GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS?

130. STREET ADDRESS / ZIP CODE Balto. Md. Barney

4. FATHER'S NAME John

FOR

- STATE

CTYPE OF PRINTS

3. SEX

REGISTRAR

I. DECEASED NAME

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

IMMEDIATE CAUSE (o.

c/longueh.

Gertrude 17. INFORMANT

15. MOTHER'S MAIDEN NAME

MIDDLE ADDRESS

16e WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY:

APPROXIMATE INTERVAL

TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Conditions, if ony, which gove rise to immediate couse (o), stoting underlying

couse

19b. CONDITION FOR WHICH OPERAT

00

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [

ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M

ME HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

COUNTY

21d INJURY OCCURRED WHILE NOT WHILE AT WORK

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION

CITY OR TOWN

STATE

(SPECIFY)

22h SIGNATURE

CERTIFICATION

à

00

70

be

22a.1 certify that (1) (this hospital) attended the deceased from 03-05-84 sow the deceased glive on 03-05-84 obove, (I) (we) (did) (did not) view the body after death

3-05-04 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

22d. PHYSICIAN MAME

22e ADDRESS

DEGREE

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

4001

23a BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

DIRECT

be deto

t de shoul with t

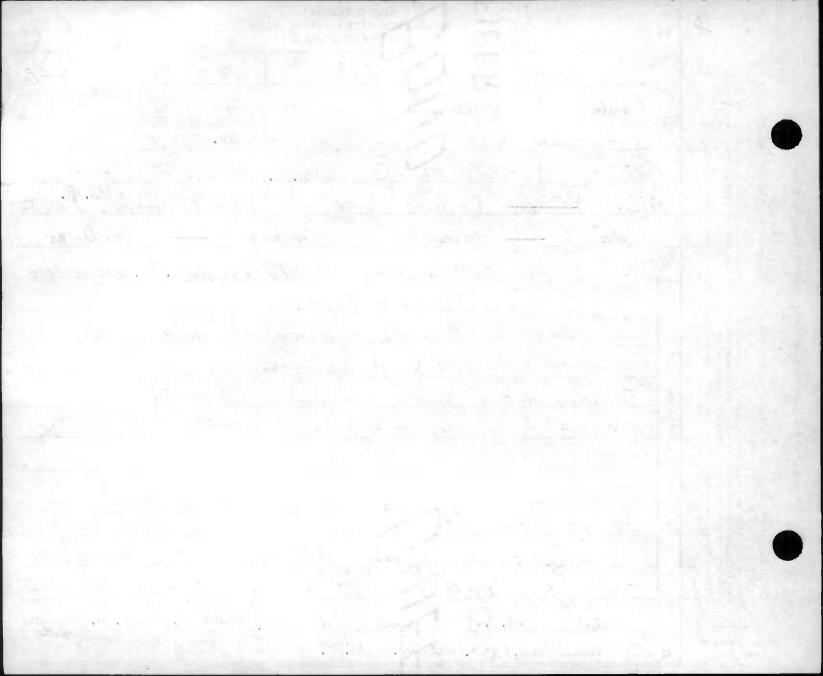
MPORTANT

DHMH - 16 50M 4/B3 (VRA 15, 4)

yardens of Faith Buria "ully Funeral Home, 130 E. Fort Ave. Balto. TVL.

23b. DATE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



DHMH - 16 50M 4/82

(VRA 15, 4)

FOR

REGISTRAR

- STATE

disease i Lift himiplegia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 3/10/84 COUNTY Burial Mt. Auburn Baito. 24 FUNERAL DIRECTOR 250-DATE REC'D BY MEGISIRAR Wedmendson

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

YEAR

IF UNDER 1 YEAR

INDUSTRY

2b. HOUR

12b. KIND OF BUSINESS OR

1.AS1

IF UNDER 24 HRS

	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	9
	ECEASED NAME FIRST MYRTL	LE NMI	VASCONCELLOS	20. DATE OF DEATH MONTH	13 84 8 A
3 SI	EX	4 RACE W	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 73 VRS.	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a E	SALTIMORE	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT	
10 10	ALT CITY	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE UNIVERSITY	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
USU 130.	JAL RESIDENCE (IF NURSING HOME STATE 13b. COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 136-CITY OR TOY	RE ADMISSION) WN 72 13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP COO	BAUL ST ZIZE
14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	IAST
aedical 16a	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O UNKN.	ARMED FORCES? 166. SOCIAL SEC GIVE WAR OR DATES) 214-18 -		CS/K 1629 S	TPAUL DI
B shaws any injury, or other to	gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNALICAN. 190. DATE OF OPERATION	CONFIDENCE CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM MOSTLY IV HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YOUNGERT	IVEN IN PART 1(0) SE, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES NO NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo	saw the deceased alive	on 3/13/2 19 not) view the bady after death.	, 19	death occurred an the date and ha	our and from the causes stated
# Hea	77h SIGNATURE Darler	son M	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE SIGNED
APORTA/	22d. PHYS KIAN'S NAME (TYPE	eorprint) (RKERSON) W	- UNIV of	MD HOSP	
23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Removal	23b. DATE 23c 3/15/84	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24 1	FUNERAL DIRECTOR NAME Anato	omy Board ADDRESS	Balto., Md. MA	R 1 6 1984	ARANS SIGN ALARDADO

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

etained by the haspital ar attending physician

IMPORTANT: If them 21 is marked at Item 18 shows any injury, at other traumatic event, the medical TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

In by the funeral directar, page 3 be filed within 72 hours after death

death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

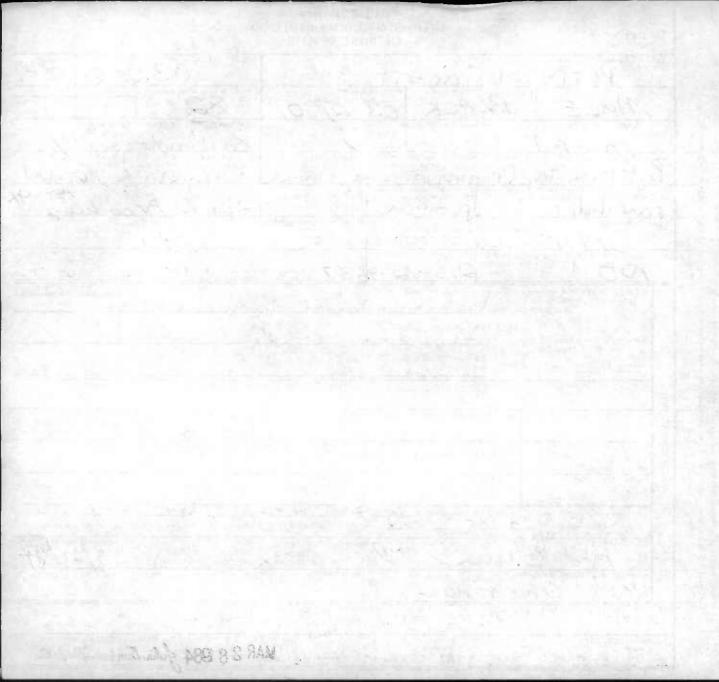
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1	2-14	2	- 6
RE	G. NO.		

	FOR STATE REGISTRAR		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE O PREG. NO	90	
L	DECEASED HAME FIRST (TYPE OR PRINT) PETT T	MIDDLE CONTRACE S. DATE O	OF BIRTH		305 89 10 15 UNDER 1 YEAR MONTHS DAY	
7	a. BIRTHPLACE ISTATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWE	D NEVER MARRIED DIVORCED D	Ba Him	COUNTY OF DEATH	ty MD.
1	BY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	of RUSINESS OF
L	USUAL RESIDENCE (IF NURSING HOME OR CIT) 130 STATE 4. FATHER'S NAME	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES ON ON ON	13-STREET ADDRESS	Broade	APT 91
ľ	Unqunthry	Vincent	Mary	WIDDLE	ŧ	AST
1	60. WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE WA	D FORCES? 166. SOCIAL SECURITY NO. (RORDATES) 2/6-/2-9	17. INFORMANT	incent 14	00 E.Madi	t. 709 son St.
		DUE TO, OR AS A CONSEQUENCE OF (b) 5 C 2 C P DUE TO, OR AS A CONSEQUENCE OF (c) HOLTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN PART	21
	STIFIC	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		YES NO	IN CERTIFYING CAUSE YES	NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	COUNTY	STATE
	22a.1 certify that (I) (this haspital) saw the deceased alive an	3- 1.5 19 54, on	2 9 19 62 Ind that in (my) (our) apinion d	eoth occurred on the do		ne couses stated
	226 PHYSICIAN'S NAME (HOE GROW MOGRES GEB	remanan	ATTENDING PHYSICIAN 2220. ADDRESS	MEDICAL STAF	2/	27/84
	BURIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY Meth.Ch.Cen			Md. STATE
F	Wm C March F/H	Inc. 1101 E Nort	M/	R 2 8 1984	256 REGISTRAR'S SIGN. Fulia Davidson	ATURE Randelle

DHMH-16 50M7/77 (VR A 15 (4))

BP

C March F/H Inc. 1101 E North Avenue



	STATE OF
FOR	DEPARTMENT OF HEAL
- STATE	CERTIFICA

MARYLAND LTH AND MENTAL HYGIENE () ATE OF DEATH

	KEG. NO	J.				
e. DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
	March	24,1	984		5:15	A

1. DECEASED NAME FIRST	207119	VOGEL		24,1984	26. HOUR 5:15 AM
3. SEX Female	4 RACE White	S. DATE OF BIRTH Sept. 4,1890 YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAYS	IF UNDER 24 HRS HOURS MINL
76 BIRTHPLACE (STATE OR FOREIGN COUNTY) LINOIS	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		more City	MD.
Baltimore	(IF NOT IN SUCH EACHITY, GIVE STREET. 5608 St. Alba:	address) ns Way	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Homemake	OF WORKING LIFE) INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU Mary land	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimot	n 134 INSIDE CITY LIMITS?	13e STREET ADDRESS . 5608 St.	ZIP CODE Albans Way	21212
14 FATHER'S NAME FRST Julius Wersle	MIDDLE (AST	15 MOTHER'S MAIDEN NA FIRST Agath	a Hurlimann	IA	
160. WAS DECEASED EVER IN U.S. A. (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SECU IVE WAR OR DATES) 212-32-4			tèvenson Rd. son, Md. 211	
PART I. DEATH WAS CAUS	only one couse per line for (a), (b), one ED BY: ATE CAUSE (o) OVAIR	CIAN CARCI	North	APPROD BETWEEN	OMSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Trige !	V an	12	gran
PART 2. OTHER SIGNIFICANT O 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	0
19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDS IN CERTIFYING CAUSE: YES	

190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTO	OPSY?	206. IF YES, WERE FIR IN CERTIFYING CAU	NDINGS USED
			YES [NO	YES 🗌	NO 🗌
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER N	ATURE OF INJUI	RY IN ITEM TO PART I OR PART	1 2)

HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE contifue that (1) (this basnital) attended the deceased for

True Certify that (i) (this hospital) afteriord the		, 10	, 17, mai (ii (we) to
sow the deceased alive on	19, and that in (my) (our) of	ninion death occurred on the date	and hour and from the couses stated
above, (1) (we) (did) (did not) view the body at	ter death.		
77h SIGNATURE	DEGREE		224 DATE SIGNED

Al het law we ATTENDING

23c NAME OF CEMETERY OR CREMATORY

3 PHYSICIAN'S NAME TYPE OF PRINTING THE WEN	7600	oner	02.	28270 7

(SPEBurial	Mar. 26,1984	Druid Ridge	Pikesville,	Balto. Co.	. Md
24 FUNERAL DIRECTOR		6500 Verls Rd	250. DATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATU	RE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by ishould be detached for use as the burial-transit permit. Then please with the State Dept, of Health and Mental Hygiene prior to burial, cri

shaws any 80

IMPORTANT: If Item 21 is

23a BURIAL, CREMATION, REMOVAL 23b. DATE

Mitchell-Wiedefeld Home, Inc. Baltp.,

23d LOCATION

MAR 27 De Sulia Davidson-Randall

seals ...its 11 1 elclone it 11 e Jt. 1 lt1 ling mil. L. LL 217-17-All went avonel stays using . 1155 ji sila si rici de la compania del compania de la compania de la compania del compania de la compania del compania de la compania de la compania de la compania del compania de la compania de la compania de la compania de la compania del compania de TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer retained by the haspital or ottending physicion.

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4	7
	e P
	may
	10

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

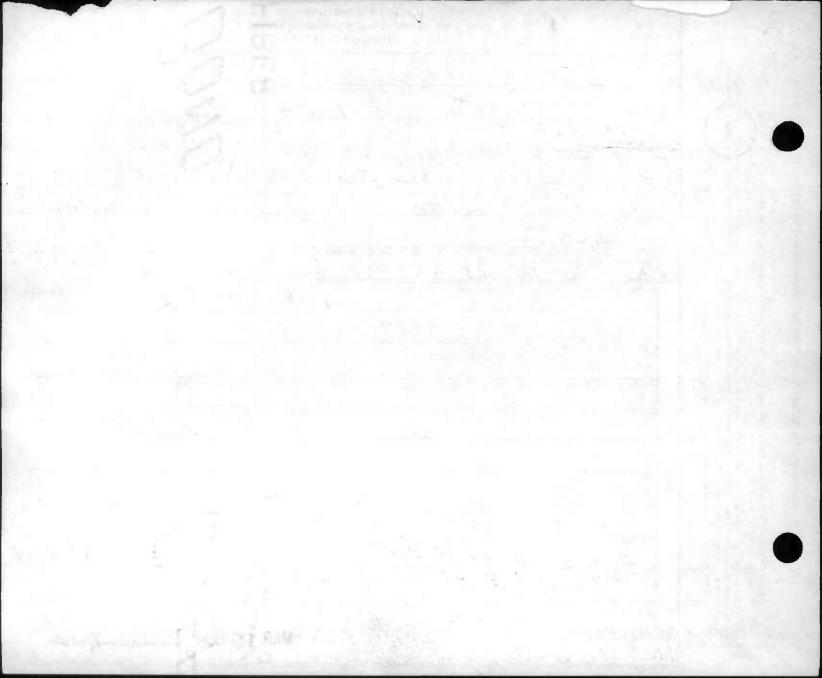
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	RE	G. NO.		

				REG. NO.	
	CEASED NAME FIRST	MIDDLE	2 LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYPE	ORPRINT) IGN	ACY	IRNEZIUS	3-13-19	84 1:00 P.
3 SE		FRACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HE
1	traa	or hite	MONTY - 1294	89 YRS	MONTHS DAYS HOURS ME
7n. Bj	WITHPLACE ISTATE OPPOSE IGN	76 CITUZEN OF WHAT COUNT	RY? 8.	9 BALTIMORÉ CITY OR COUN	
L	POLICE RUSSIA	1. S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Jacken	ne i
10.521	TRY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS
100	altemore	Senot in such facility, unut	ADDRESS! Lang 2112	9 PEOF WORK FOR MOST OF WORKING	r Clicking to
USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BE	EFORE ABMILIPANA	In conces annouse and co	212
130. 3	STATE 136. COI	UNITY 130 OITY OR I	OWN 134 INSIDE ON LIMITS?	13e.STREET ADDRESS 7219 CC	elaste Lane
14. FA	ATHER'S NAME	V.	15. MOTHER'S MAIDEN N		
	FIRST	MIDDLE LAST	FIRST	112 horoson	LAST
	WAS DECEASED EVER IN U.S. A		ECURITY NO. 17. INFORMANT	ADDRESS 7/	40 Rolling Blad
()	VESINO OR UNKNOWN) (IF YES. (1918-11-30-1918 21	16-09-807 allen	Jas D. albrom	Tio 44 A 213
	CAUSE OF DEATH (Enter	only one cause per line for (a), (b)	andicit	D1 11.1	APPROXIMATE INTERVAL BETWEEN ONS IT AND DEA
	PART I. DEATH WAS CAUS	SED BY:	York	· rutules	1/0
	LI 3 MI MMEDI	ATE CAUSE 10)			
	7219	DUE TO, OR AS A CONSE	OUENCE OF		
1					
1	Conditions, if only, which	(b)			
	gave rise to immediate couse (a), stating the	(b)	QUENCE OF		
	gave rise to immediate)	QUENCE OF		
-	gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	QUENCE OF	minal disease or condition (GIVEN IN PART 1(0)
ION	gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE			
CATION	gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE (c) T CONDITIONS <u>CONTRIBUTING</u>		200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED
TIFICATION	gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSE (c) T CONDITIONS <u>CONTRIBUTING</u>	TO DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 206. IF	
CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSE (c) (CONDITIONS CONTRIBUTING 196 CONDITION FOR WH	TO DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 200 IF	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YESNO
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DHMH - 16 50M 4/83

(VRA 15, 4)

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DHMH - 17 (VR A15 ME (5)

20M 4/82

E FUNERAL DIRECTOR.
E SHOR YOUR FILES.
ED, WITHIN 72 HOURS

FOR

LTYPE OR PRINTI

3 SEX

3a. STATE

CERTIFICATION

L DECEASED NAME

Female

FOREIGN COUNTRY!

A BIRTHPLACE (STATE OF

Kentucky

Baltimore

Marvland

FATHER'S NAME

CITY OR TOWN OF DEATH

Benjamin

lying cause last.

190 DATE OF OPERATION

21g EXTERNAL CAUSE WAS

21d INJURY OCCURRED

AKA

4 RACE

White

Ella

- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG NO 2a DATE KNOWN WIDDLE Durocher 2b. HOUR E11a ESTI-L. DEATH MATED Vacek 19 84 6 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IE UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 12:15 DEAD 6 19 84 21 63 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. DIVORCED Baltimore City 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Westinghouse St. Agnes Hospital Inspector 113b. COUNTY 13d. IHSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 2913 Hammonds Ferry Rd., 21227 Lansdowne 15. MOTHER'S MAIDEN NAME MIDDLE Ceile Belcher Ramey 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. Road 404-24-9139 Edmound A. Durocher 2913 Hammonds Ferry 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Aspiration of bolus of food DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Arteriosclerotic cardiovascular disease 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NOX 216 TIME OF INJURY HOUR XXXMONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 5 19 84 6+ P.M. Subject choked on sandwich 71e PLACE OF INJURY 21 LOCATION WHILE AT WORK AT WORK X STREET, FACTORY, FARM, ETC. COUNTY STATE home 2913 Hammonds Ferry Rd Md. Autapsy Hamicide Undetermined monner TITLE (SPECIFY) DATE SIGNED 3/6/84 Assistant MEDICAL EXAMINER

220. I certify that I taak charge of the remains described above, held an death resulted frame Natural causes ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT

111 Penn St.

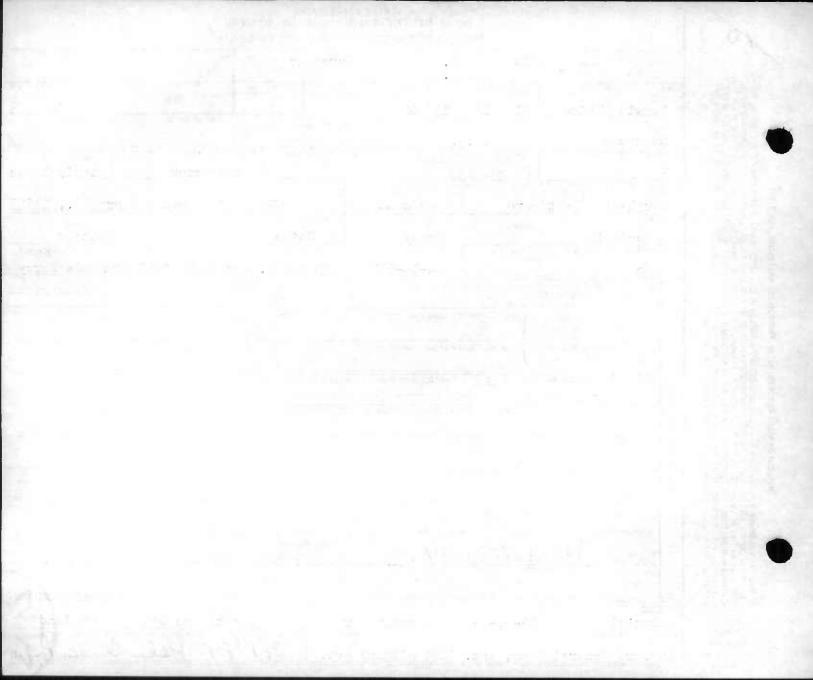
Balto., MD. 23d. LOCATION

COUNTY

230 BURIAL CREMATION REMOVAL 236 DATE 230 NAME OF CEMETERY OR CREMATORY Burial 03-09-84 Loudon Park 24 FUNERAL DIRECTOR 21229

Baltimore City Maryland

Hubbard Funeral Home. Inc. 4107 Wilkens Ave



requires that the death certificate be executed within 24 lia

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the function is should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages frond 2 should the filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1.	FOR STATE REGISTRAR	DEPAR	RETMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE U 7	9 4		
)	{TYPE			UTIS		20. DATE OF DEATH	3-17	84 NDER I YEAR	2b. HOUR
à	3. SE	×	1. RACE	5. DATE C		85	YRS.	THS DAYS	HOURS MIN.
17	1	GREECE	76. CITIZEN OF WHAT COUNTR	WIDOWE		BALTIMORE CITYO	IRE 1	D	MD.
4	1	BALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR PROVIDENT	EET ADDRESS	SPITAL	OWNER		NDUSTRY	TAURAN
5		AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		OWN	YES NO 🗆	130. STREET ADDRESS	BROA		21231
120	14. FA	ATHER'S NAME FIRST JAMES	MIDDLE VAKOUTIS		15. MOTHER'S MAIDEN NAM	NE MIDDLE		LAS	т.
		WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b. SOCIAL SE E WAR OR DATES) 217-0		Mr. Leorge J.	Valentis -	2105	Jay	21234 flor Cove.
de la companya de la	NC	4960 Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEC	OUENCE OF	Respirator	INAL DISEASE OR CONI	DITION GIVEN		MATE INTERVAL ONSET AND DEATH
9	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	19	21f. LOCATION STREET	RED (ENTER NATURE OF INJUIL		OR PART 2)	STATE
MYCKI ANI: If nem 21 is morked of nemal		22a.l certify that (I (this haspi	nte Mel	la me	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [22e ADDRESS]	MEDICAL STAI	F	22c. DATE	
	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	3-27-84 21	HOLLY	HILLS CEM.	23d. LOCATION CUTYOR TOWN	ro, , M	OUNTY	STATE

BP DHMH - 16 50M 4/B2 (VRA 15, 4)

SUNERAL DIRECTOR 7527 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR & SIGNATURE

MAR 19 1984 Julia Davidson-Randall

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbompopers. Pagei with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or ather traumatic event, the

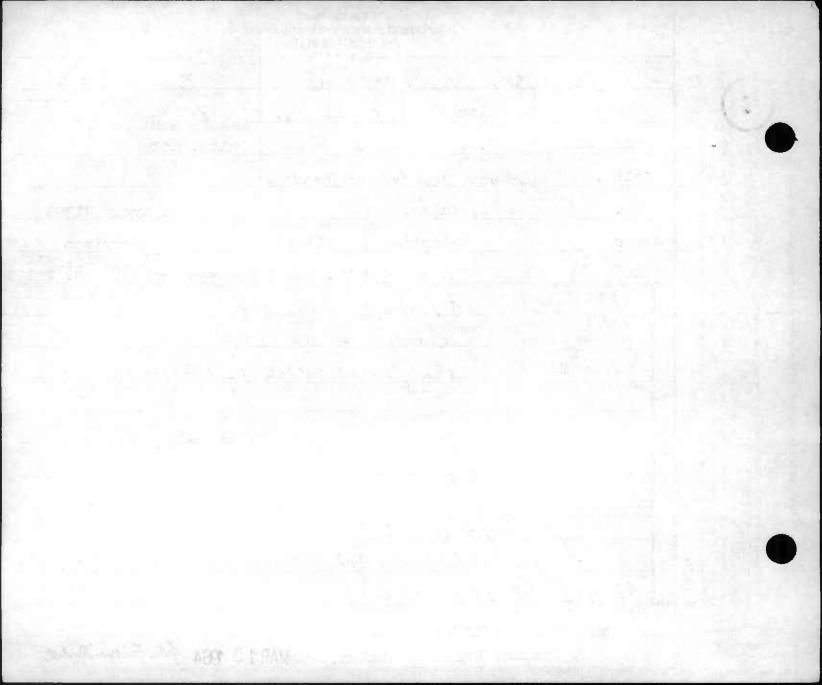
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF CERTIFICATE OF DEATH	7	4	7	j
CERTIFICATE OF DEATH	REC	G. NO.		
LAST DATE	OFDEAT	1.4		E

1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME	FIRST	۸	AIDDLE	i	LAST	Za. DATE OF		DAY	YEAR	26 HOUR
	Ju	NIC		VALE	SN-	TINE		3-		84	\$ 30 AM
3 SE			RACE		5. DATE C		6 AGE (INY	EARS LAST BIRTHDAY)	MONTHS	R I YEAR	IF UNDER 24 HRS HOURS MIN.
	Male	L	Bla		MONTH	20 85		98 YF	10.00		
	RTHPLACE (STATE OR F		Th CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR COU	NTY OF DE	ATH	
	Virgini		U.S		WIDOWE	DIVORCED [Balt	to. Cit	У		MD.
10 C	TY OR TOWN OF DEA	TH		OSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION K FOR MOST OF WORKIN		KIND OF	F BUSINESS OR
-	Balto.		Wtherai	V Haspin	tal	of Maryland	(THE OF WOR		40 tire) 114D	USIKI	
130. S	AL RESIDENCE (IF NURSI	136 COUNT	TY INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1134 INSIDE CITY LIMITS?	13e. STREET	ADDRESS			
	Md.			Balto.		YES NO		7 Pa. 1	Ave.	21	201
14. FA	THER'S NAME		NIDDLE	1467		15. MOTHER'S MAIDEN N					
J	ames		NIDO(E	Valent	ine	Alice		WIDDLE	Harr	risc	n
160 V	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS 7		cuic	l.Park
	NO OR UNKNOWN)	(11/123, 01/1	WAR OR DATES!	717-09-	-0484	Ms. Ethel	Jacks	son Bai	itake	Ma	1.V21217
	18 CAUSE OF DEATH	H (Enter only	y one couse per	line for (a), (b), and	d (c).)				В	APPROXIA	MATE INTERVAL
	PART I. DEATH W	IMMEDIATE		caro	400	asyst	5/4				
	4439	7	DUE TO OF	AS A CONSEQUE	NCE OF						
	Conditions, if ony,	which	(16)_	Gai	MAR	we of	109				
	gove rise to imm couse (a), status	nediate	DUE TO OF	AS A CONSEQUE	NCE OF	0					
	underlying couse		(c)	Per	pho	ral vasu	uai,	insult	11/19	IV	1
	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	INTRIBUTING TO	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASI	OR CONDITION	GIVEN IN P	PART IIII	1
CERTIFICATION										/	
CAT	190. DATE OF OPERAT	NON	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTC		YES, WERE	FINDIN	GS USED
TIE	N. B. Janes						YES 🗌	NOT	RTIFYING C	AUSES	NO
CER	21a. ACCIDENT WAS UND		21b. TIME OF		V VEAD	21c. HOW INJURY OCCUP	RRED (ENTER NA	TURE OF INJURY IN HEM	LE PART I OR I	PART 2)	
AL	OR CONTRIBUTING C		HOUR A.A	A. MONTH DA	19						
MEDICAL	214 INJURY OCCURR		21e. PLACE C	OF INJURY		21f LOCATION					
Z	WHILE NOT WH	ILE	(AT HOME STRI	EET, FACTORY, OFFICE, F	ARM, ETC }	STREET		CITORION	100		STATE
	22a I certify that (I)		ol) ottended the	deceased from	3	15 10 8	4 10	3/10	10 0	4	hot (I) (we) lost
	sow the decease	ed plive on	3/1	10 10	f4,01	ne that in (my) (our) apinion	death accurre	d on the date and	hour and fr	-	1 . 1
	22b. SIGNATORE	(did not	view the body	ofter death		DEGREE			-	DATES	
	(1	Sn /	Toll	1111	1.	1 ATTENDING	MEDICAL	STAFF		2/	Dry.
	22d. PHYSICIAN S.N.A	ME LIVE OR	PRIMT)			PHYSICIAN 122e ADDRESS	DIRECTOR	PHYSICIAN =		5/1	0/0-1
	M098	13	5Ph14	MOIN!	714					1	
	URIAL, CREMATION, I	REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCA	TION			
	Remot Remot							ORTOWN	COUNT	Y	STATE
24 FL	INERAL DIRECTOR			0/84		25a. DA	TE REC'D. BY R	EGISTRAR 200 REC	GISTRAR'S S	IGNATU	JRE
	NAME	Ana	tomy B	oara	Ва	lto., MaMA	R13 K	84 Frisa	Davidso	n-18	ndelle

DHMH - 16 50M 1/B1 (VRA 15, 4)



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	- STATE REGISTRAR		CERTIF	IEALTH AND MENTAL HYD	REG. NO		
	ECEASED NAME FIRST PE OR PRINT) FRAN			^{Ast} Valenzia	March 23		2b. HOUR
3. 5	Female	4 RACE White	5. DATE O	y 18, 1896	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HR
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED		R COUNTY OF DEATH mpre City	
10	CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S St. Agnes	JRSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST, OF HOUSEWI	ON 12b KIND O	F BUSINESS C
30 M	laryland 136 C	AE OR OTHER INSTITUTION GIVE RESIDENCE OUNTY Balti	TOWN MOre	13d. INSIDE CITY LIMITS? YES P NO		ney Avenue	2123
0	Joseph	middle Deag		Rosa Rosa	ME MIDDLE	Pedi	ī
160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE)	S, GIVE WAR OR DATES)	SECURITY NO.	-D Rose Lo	ADDRE	Gable Ave	
	couse (p), stating the		EQUENCE OF	AT /	0-11	_	
FICATION	underlying cause last		TO DEATH BUT		20a AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS USED OF DEATH?
O TO	PART 2 OTHER SIGNIFICAL 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	196 CONDITION FOR WI	TO DEATH BUT HICH OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [IGS USED
DICAL	PART 2 OTHER SIGNIFICAL 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WI	DAY YEAR	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES 19 19 19 19 19 19 19 19 19 19 19 19 19	IGS USED OF DEATH?
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shaws ony injury, or other troumatic event, the medico

STATE OF MARYLAND

DED ADTMENT OF MEALTH AND MENTAL HYCIENE

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3. SE)		4. RACE		S. DATE O	F BIRTH	6.	AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAY	AR IF UP	NDER 24 HRS
-	Male	wh	ite	07	31 YEAF		54	YRS		S HOU	IKS MIN,
7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF		TRY2 8		9	BALTIMORE CITY O				
	Maryland	11	S.A.	WIDOWE	NEVER MARRIED		Baltimore	City	,		MD.
	TY OR TOWN OF DEATH				R OTHER INSTITUTION	N I	2a. USUAL OCCUPATION	NC	12b KINE		SINESS OR
	Baltimore		Maicel	Street,	21230		Maintenanc				ircuit
	AL RESIDENCE (IF NURSING HOME OF			BEFORE ADMISSION)						-	110010
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14. FA	FIRST	MIDDLE	LAST		FIRST		WIDDLE			LAST	
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	VAS DECEASED ÉVER IN U.S. AF YES, NO OR UNKNOWN) (1F YES, GI	VE WAR OR DATES)				T 71			05 16 .		C+
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	18 CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b	ol, and ic'	11.		12-2020-4				AND DEATH
	PART I. DEATH WAS CAUSI	TE CAUSE (a)		(10	irdial		HMEST		10	mil	miles
	4292	DUF TO O	R AS A CONS	EQUENCE OF	1. 1.	0	1	1	.4.		
	Conditions, if any, which (b) DUE TO, OR AS A CONSEQUENCE OF LEVOS Clerotic Coud, Ovas which (b)							VISPERP	2)	leas	
100	gove rise to immediate cause (a), stating the	DUE TO O	R AS A CONS	EQUENCE OF						, ,	
	underlying couse lost.	(c)_									
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CERTIFICATION									3		
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	OR CONTRIBUTING CAUSE OF DE	AIR .	M. MONIF M.	DAY YEAR							
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3 E	MHILE NOT WHILE	(AT HOME ST	REET, FACTORY, O	FFICE, FARM, ETC)	STREET		CITY OR TO	WN	COOMIT		JIMIL
	22a.1 certify that (I) (this hasp	ital) attended th	e decensed f	ram	19_		to		. 19	that	(1) (we) lost
	saw the deceased alive o	n				pinian de	eath accurred on the de	te and h	nour and from	the cause	es stated
	obove, (I) (we) (did) (did n	ot) view the body	after death.		DEGREE			-		ATE SIGN	
13	A.	111)	V	Polo N	1. ATTEND	ING _	MEDICAL STAL		3	114	174
-	22d. PHYSICIAN'S NAME APPE	KKOU	Til	19 kg 111	PHYSIC 22e. ADDRESS	IAN L	DIRECTOR PHYSIC	IAN []	194		10 1
1		00 ()									
	Jeffrey F. Co						ens Avenue,	212	229		
	BURIAL, CREMATION, REMOVA			2007/01/02/04	EMETERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE
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	UNERAL DIRECTOR		ADD	RESS	21229	Se. DATE	REC'D. BY REGISTRAR				.00
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 ray retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director; posshould be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. at Health and Mental Hygiene prior to burial, cremotion, or removal.
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	ANTHONY	M. DEPARTS	MENT OF HEALTH	MENE	
1	- STATE VASOLD	DEFARIN	CERTIFICATE OF DEATH		
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(TAE	PEORPRINI) ANTHO	NY UA	SOLD	MARCH 18,	19843:1084
3. SI	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS. DNIHS DAYS HOURS MIN.
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	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY C	of DEATH County
	CITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATION	12h. KIND OF BUSINESS OR
17	OWSON	ST. SOSE	HOSPITAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE)	MEAT PACKIN
USU 13a.	UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e.STREET ADDRESS / ZIP CODE	
		PIMORE ROSEDA	YES NOX	7911 34th ST.	21237
1		MIDDLE LAST	FIRST	WIDDIE	LAST
16a	MICHAEL WAS DECEASED EVER IN U.S. AR	WASOLD MED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS	MENKE
	(YES, NO OR UNKNOWN) (IF YES, GIV	21 31 0 34	75 MARGARET V	ASOLD 7911 3/1t	h ST.
	18 CAUSE OF DEATH (Enter or	lly ane couse per line for (a), (b) and D BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (O)	the lung	with metaphil	
	1629	DUE TO, OR AS A CONSEQUE	NCE OF		
	Conditions, if ony, which gove rise to immediate	(b)			
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
_	PART 2. OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1101
CERTIFICATION			OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
FICA	190 DATE OF OPERATION	TYB. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	ING CAUSES OF DEATH?
CERT	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	YES NO YES	
2	OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	AT WORK NOT WHILE AT WORK				
17	220 I certify that (I) (this haspi saw the deceased alive on	tal) attended the deceased (ram_		death occurred on the date and hour	that (I) (we) last
16.	obove, (I) (we) (did) (did no 22b. \$IGNATURE	t) view the body after death	DEGREE	deom occurred on the dote one hour	22c. DATE SIGNED
	Molumend	S. Brker	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3/18/84
	224. PHYSICIAN'S NAME (TYPE C	IR PRINT)	22e. ADDRESS	_ vikterok _ misician _	
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24	BURTAL FUNERAL DIRECTOR	3/22/84 0	ARDENS OF FAITH	BALTO. B	ALTO. MD.
1	NAME OF THE	Jane 1911	MA MA	R 20 1984 Julia Dan	ydson-handells
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STATE OF MARYLAND

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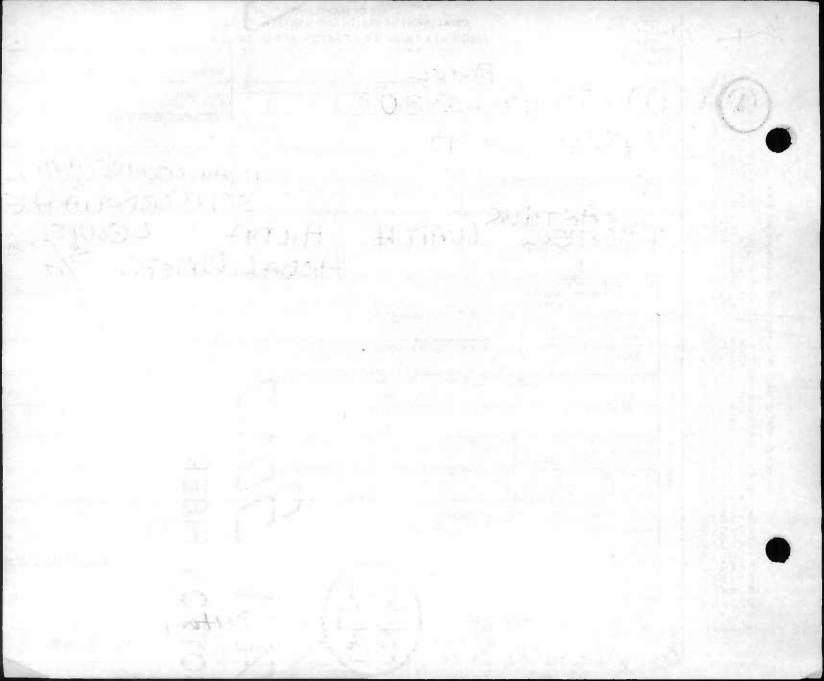
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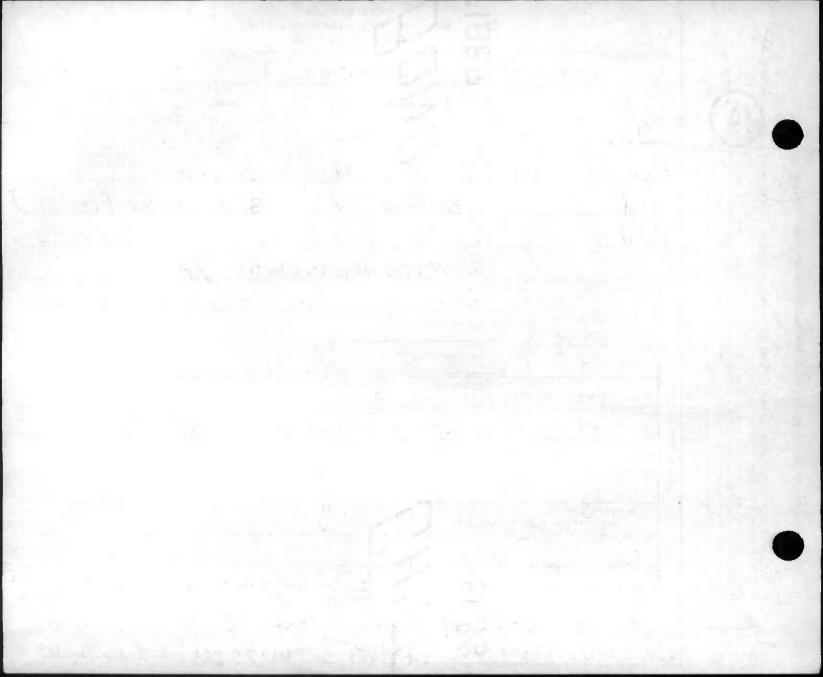
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	STATE REGISTRAR	0.3	CERTIFIC	ATE OF DEATH	REG. NO	0.	
		CEASED NAME FIRST	MIDDLE	LAST	ודו	2a. DATE OF DEATH	MONTH DAY YE	AR 26. HOUR
V	3. SEX	M	1 RACE BLACE	5. DATE OF E	2°3 2°4	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
1	7a BIR	RTHRLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	MARRIED WIDOWED	NEVER MARRIED DIVORCED D	9. BALTIMORE CITY O	R COUNTY OF DEAT	MD.
4	F	OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR (OTHER INSTITUTION	120. USUAL OCCUPATI		ND OF BUSINESS OR STRY
5	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF		OR JOWN 13	I. INSIDE CITY LIMITS?	STREET ADDRESS	reler A	ve. (23)
l	14 FA	THER'S NAME	MIDDLE 1	LAST 15	MOTHER'S MAIDEN NA	ME MIDDLE	B	21005
/		VAS DECEASED EVER IN U.S. AR (15 YES, NO OR UNKNOWN) (15 YES, GIV	RMED FORCES? 166. SÓCI VE WAR OR DATES) 217-1	18 6986 4	elores War	th \$	}	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
2	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTIONS 196. CONDITION FOR	INSEQUENCE OF ING TO DEATH BUT NO COPO		20a AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED USES OF DEATH?
Ì	MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)	ATH HOUR A.M. MON	NTH DAY YEAR	IL LOCATION	YES NO RED (ENTER NATURE OF INJU	YES THE TEM 18 PART I OR PAR	NO []
	ME	270.1 certify the (1) (this hosp	(AT HOME STREET, FACTOR)	d from FOR VO	STREET	to MARCI death occurred on the de	ote and hour and from	, tho (I)(we) lost
/		BURE TOPPES BRUCO IC	OR PRINTI	2	ATTENDING PHYSICIAN S	MEDICAL STA	CIAN 3	BDCT. Md
		URIAL, CREMATION, REMOVAL	3-20-8	1 CROWNS	ETERY OR CREMATORY VILLE VA CO	17.	COUNTY	mastate.
	24. FC	POPERAL DIRECTOR	ton PSW =	ADDRESS 391	3 - SI, MA	R 2 2 1984	256. REGISTRAR'S SIG	No. 2

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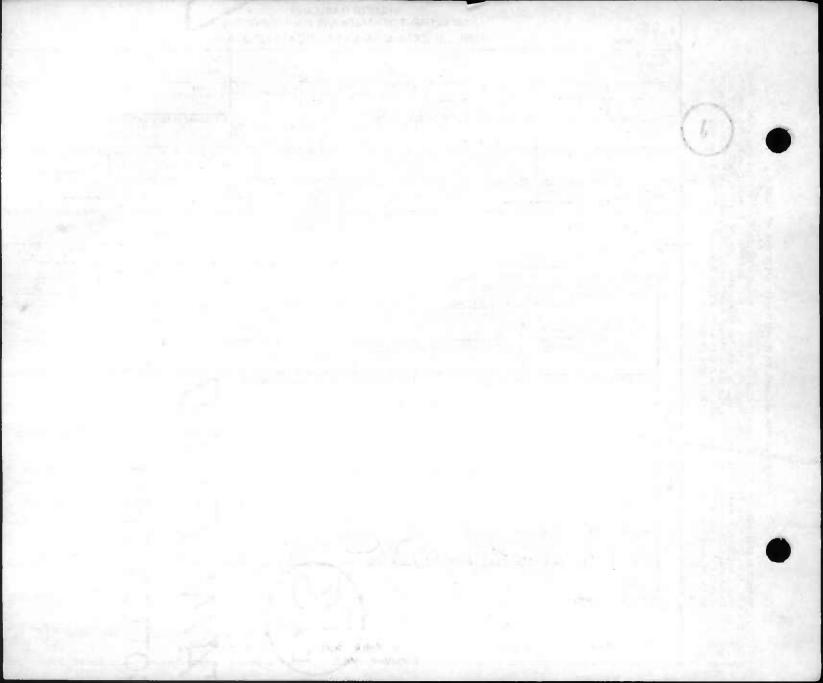


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	1-:	OR STATE REGISTRAR		PARTMENT OF	HEALTH AND MENTA		2
₩ % % X F	Ì		EASED NAME OR PRINT) Chri	stina	M.	Walizer	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 2b. HOUR 3 23 19 84
S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 SORY OUR FILES. WITHIN OF HOURS W. PRESTON STREET,		SEX	Female White	S. DATE OF BIRTH MONTH DAY NOV 2, 19	983 6 AGE (IN YEAR LAST BIRTHD)	RS IF UNDER 1 YR. IF UN	DER 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 14 HOUR 12:59
NECESSA UNERAL WITHIN	1	FOI	ethplace (STATE OR EIGH COUNTRY) laryland	76. CITIZEN OF WHA			ARRIED LY Baltimor	
ELAY I TO THE PAGE SE FILE	28	-	Baltimore	Univers	ity GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	YPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY
D. 21201 IF ANY DE 2, AND 3 TO 3. RETAIN SHOULD B	25	30. 5	RESIDENCE (IF IN NURSING HOME OF ATE 131 COUN		RESIDENCE BEFORE ADMISSE 136 CITY OF TOWN Baltimore	T3d. INSIDE CITY LIMIT YES 🙆 NO	□ 1920 Wilkens	Ave. 21223
DEATH. DEATH. SES 1, M PM AND 2	00		THER'S NAME Donald Walizer	WIDDLE	tast	15. MOTHER'S M. Joyce	Shongo	LAST
URS AFTER DE B. GIVE PAGE WITH FORM T. PAGES I AT DIVISION OF	/	(YE	(IF YES, GIVE	AED FORCES? WAR OR DATES)	None		alizer 6515 Rose	Baltimore, Md.
201 W. UTED WI IN PENC EXAMIN	CREMATION, OR REMOVAL.	NO	PART I DEATH WAS CAUSED TO IMMEDIAT Canditions, if any, which gove rise to immediate cause (a) stoting the under- lying cause lost. PART 2 DTNER SIGNIFICANT CONDITIONS	(b) DUE TO, OR AS	S A CONSEQUENCE (DF		
TALR HOULE USED OF HE	RIAL,	MEDICAL CERTIFICATION	190. DATE OF OPERATION			ATION WAS PERFORMED?		2D AUTOPSY? YES ▼ NO □
SION OF VI RTIFICATE SH VG THE WOOD TO THE C SHOULD BE PARTMENT	3	ICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P.M.	NJURY MONTH DAY YEAR 19 INJURY (ATHOME,		IRRED LENTER NATURE OF INJURY IN ITEM 1	BPART I OR PART 2)
=>405	21201 PR	MED	WHILE NOT WHILE AT WORK	STREET FACTOR		STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: PAGE 4 SHOULD BE FORD TO FUNEXAL DIRECTOR: AFTER DEATH, WITH THE ST	LTMORE MARYLAND,		ACTUAL SIGNATURE	VY/	Accident . Su	TITLE (SPECIF) M.D. ASSISTA	Undetermined manner The medical examiner	DATE SIGNED 3/24/84
Bb		{5		36. DATE Mar.26, 83		netery or CREMATORY ill Cemetery	23d LOCATION CITY OF TOWN Baltimore • M	COUNTY STATE
DHMH - 17 (VR A15 ME (' I	Z4 FL	NAME Dippel Funeral	Homes, ADDRESS.	7110	Belair Road	AR 3 0 1984	ENSTRUM ASSESSMENT PRITOCOLOGIC

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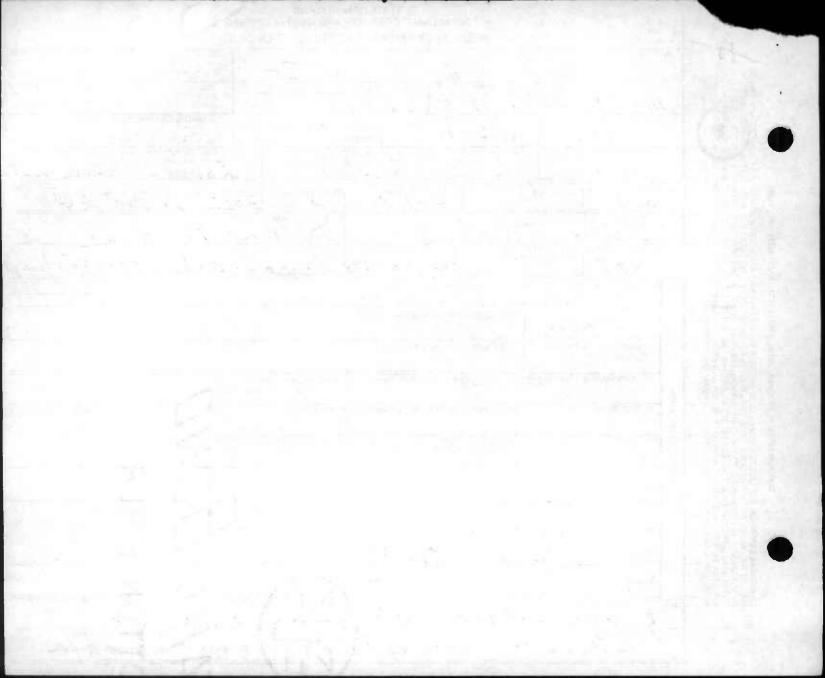
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE / EDICAL EXAMINER'S CERTIFICATE OF DEATH

-		STATE REGISTRAR		MED	DICAL EXA	MINER'S	CERTIF	CATE	OF DEA	TH REG	G. NO.			
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	V) I I	CORPRIENT	Thoma	s	d.	V.	alker	21	/	DEATH MATE		121	9 84	M
	J. SEX	14		DATE OF BIRTH		E (IN YEARS IF	UNDER I YR.	IF UNDE	R 24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY	YEAR	28 HOUR
cu	5 /	27.	NEGRO	4 13		SYRS.	NIHS DAYS	HOURS	MIN	DEAD	3	121	9 84	12:30
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\vee		V	A.	11.2	H		OWED	DIVOR		Baltimo	re Cit	У,		MD.
1	B. CI	TY OR TOWN O	FDEATH	II. NAME OF HOSE	PITAL, NURSING		THER INSTIT	UTION		JAL OCCUPATION		K 126 KINE	D OF BUS	SINESS
3	B	altimore	е		Hopkins	1 .	al		1000	Labore	22	Ben	th &	deel
17	USUA 13a, SI		FIN NURSING HOME OR		13c. CITY OR TO		13d. INSIDE	CITY LIMITS	lise STR	EET ADDRESS	-	121	124	12
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0/	14. FA	THER'S NAME	2 '	MIDDLE > 1	La LAST		15. MOTH	ER'S MAI	DEN NAME	MUDDLE	/	I.A.	ST	
U		Will	lie	Wal	Ren			ul	ia	DA	odn	10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
/		AS DECEASED	EVER IN U.S. ARMI		166. SOCIAL SE		7. INFO	MANT	1	ADD	RESS			1 2
		Y1:-	5	an on on to	225 - 3	26134	18 ZO	uru	av.	Walke	230	026	. Jer	World for
		18 CAUSE OF	DEATH (Enter only	one couse per line	for (o), (b), ond	(c).)						APPE	ROXIMATE	INTERVAL AND DEATH
	-	PARTIDEA	TH WAS CAUSED		teriosc]	erotic	cardi	ovaso	cular	disease		001110	211 011521	
		42	92		AS A CONSEQU	ENCE OF	·-							
			, if ony, which to immediate	(b)										
		couse (o) s	toting the <u>under</u> -	< ','	AS A CONSEQU	ENCE OF								
		lying couse	e lost.	(c)										
		PART 2 OTHER SIGN	IIFICANT CONDITIONS CO	NIRIBUTING 10 DEATH B	BUT NOT RELATED TO	THE TERMINAL DIS	EASE OR CONDITI	ON GIVEN IN	PART 1 (a).					
	MEDICAL CERTIFICATION													
7	CAT	190. DATE OF C	PERATION	19b. CONDIT	ION FOR WHICH	H OPERATION	WAS PERFO	RMED?				20 AU	JTOPSY?	
	<u>E</u>											YE	s 🗱	NO 🗌
6	W I	210. EXTERNAL UNDERLYING		11b. TIME OF HOUR A.M.	MONTH DAY		HOW INJUR	Y OCCUR	RED (ENTER	NATURE OF INJURY IN IT	EM 18 PART 1 OR	PART 2)		
5	3		G CAUSE OF DE	ATH P.M.		19								
	EDI	ZIE INJURY O	CURRED		OF INJURY (AT P	10ME, 211	LOCATION			CITY OR TOWN		COUNTY		STATE
	2	WHILE AT WORK	AT WORK		, , , , , , , , , , , , , , , , , , , ,									
			that Hook charge	of the remains desc	cribed obove, he	ld on Au	opsy XX	Inspect	ion .	Inquiry .	ond in my	opinion		- 1-1-1-1
		deoth resulted	/ /		Accident	Sur de [icide		ermined monner	Π.			
	1		11		1	_/		SPECIFY)						
	1	ACTUAL SIGNATURE	1///	TILLER	1711	M			nief	ICAL EXAMINER	DAT	E NED	3/13	3/84
1		44	100	- of c	1 1000	1								
		(TYPE OR PRIN	IAME T	homas D.	Smith,	M.D.	ADDRESS.	113	l Penr	n St. Ba	lto.,M	íD.		
	23a.Bl	JRIAL, CREMATI	ON, REMOVAL 231	PATE 7 18	1 23c. NAME	OF CEMETER			23d. LC	CATION	6 11	fund	STA	ATE
	13	Dur	al 3	11/18	4 50	el h.	Cil.	m.	1	Sallo.	, /u		317	
	24. FL	JNERAL DIRECT	98	ADDRES!	12 Ac/ 31	10 4	-10	250. DAT	E REC'D. BY	9	REGISTRAR'S	4		
	1	ocks.	Moneral	HOW T.	30711.	(Seste	ar chi	MA	R15	1984 Jul	ia David	son-Har	pare	



executed within 24 hours ofter

certificate

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that the

PHYSICIAN. The

TO HOSPITAL OR ATTENDING retained by the haspital or att

HOSPITAL

physicion

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFIC

CATE OF DEATH	REG. NO.			
17		AY YEAR	26 HOUR	
LSH	3 - 31 - 84	•	4 1	? "
BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24	HRS
20- /2.	71 YRS.	ONTHS DAYS	HOURS	MIN.
NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH		
DIVORCED	City			MD
OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND O	F BUSINES:	5 OR
ital	Homemaker	INDUSTRY		

		REGISTRAR					REG, NO	D.		
200		EASED NAME FIRST	M	IDDLE	, L	AST	20. DATE OF DEATH	MONTH 0	AY YEAR	26 HOUR
	{ TYPE	DOLORE	5	T.	WA	LSH	3 - 31-	84		4 P. M
A] [3. SE)		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS
	2	- emgle	lij	nite	June	2- 1-	71	YRS		HOURS MIN.
1911		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8 AA A DD IE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
70/		taly	USA		WIDOWE		City			MD.
2/1		TY OR TOWN OF DEATH 1timore	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET Samaritar	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemaker			F BUSINESS OR
1º W	2	AL RESIDENCE (IF NURSING HOME O)I La I	nomemaker			
25	13a. S	TATE 136 COU		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 5209 Hillbu	ZIP CODE		imore,Md 12 0 6
947	14. FA	THER'S NAME		Baltimol	ce	IS MOTHER'S MAIDEN NA				
	7	Charles Asse	ro C	LAST		Nunzia Di	Pasquale Pasquale		TAS	51
8		AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
medi		es, no or unknown) (IF yes, GI	VE WAR OR DATES)	214-01-2	2179	Miss Nancy Le	ee Walsh 520	09 Hil		
rial, cremation, ar remax ar other troumatic event		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSEQUE	e nce of	ryocardia			2	wate interval Onset and Death
to bu	N	PART 2. OTHER SIGNIFICANT	conditions <u>co</u>	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART 1	0
ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?		WERE FINDING CAUSES	
em 18		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.A	A. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PA	RT OR PART 2)	
rked or #	MEDICAL	216 INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE C			211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
of Healt		22a I certify that (I) (this hosp saw the deceased alive ar above, (I) (we) (did) (did no	3	-31-19	3 84. or	-3/- , 19 8 9 ad that in (my) (aur) apinian	t, to 3- death occurred on the do	3/, 1 ate and hour		that (I) (we) last causes stated
ote Dept. IT: If Hem		22b. SIGNATURE	-la	0	m	DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	F IAN D	3- 3	
th the State		ANIL R	AIK T	ER		D ATTENDING PHYSICIAN [PAMARIT	AN	1100	SPITA
; 3 ₹			1	Tan		<u> </u>	T			

STATE

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR

231. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CHYORTOWN
Baltimore @d COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 3 1984 While Davidson-Rand

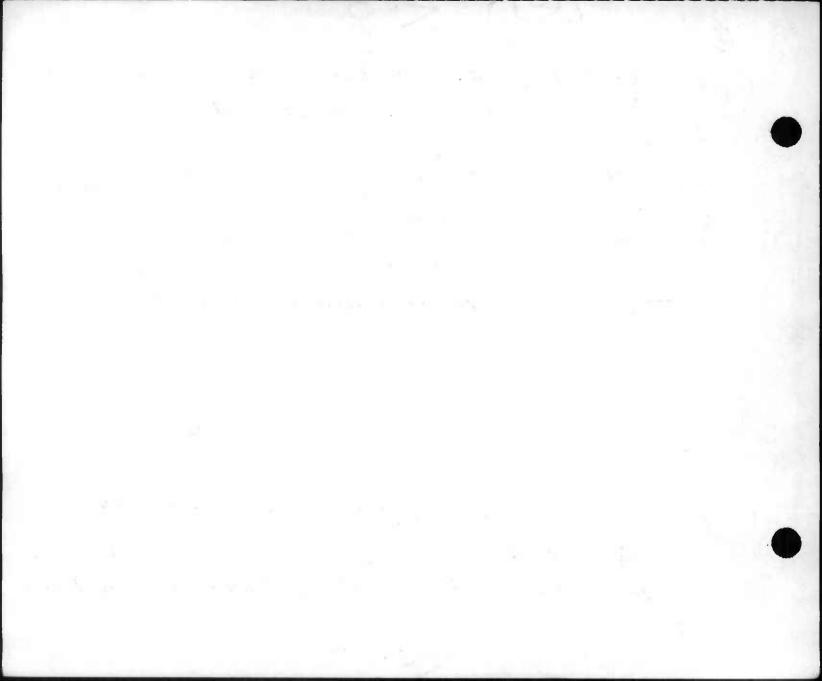
Leonard J. RUCKInc 5305 Harford Rd. 21214

23b. DATE

4/3/84

whia Davidson-Randall

DHMH - 16 50M 4/83 (VRA 15, 4)



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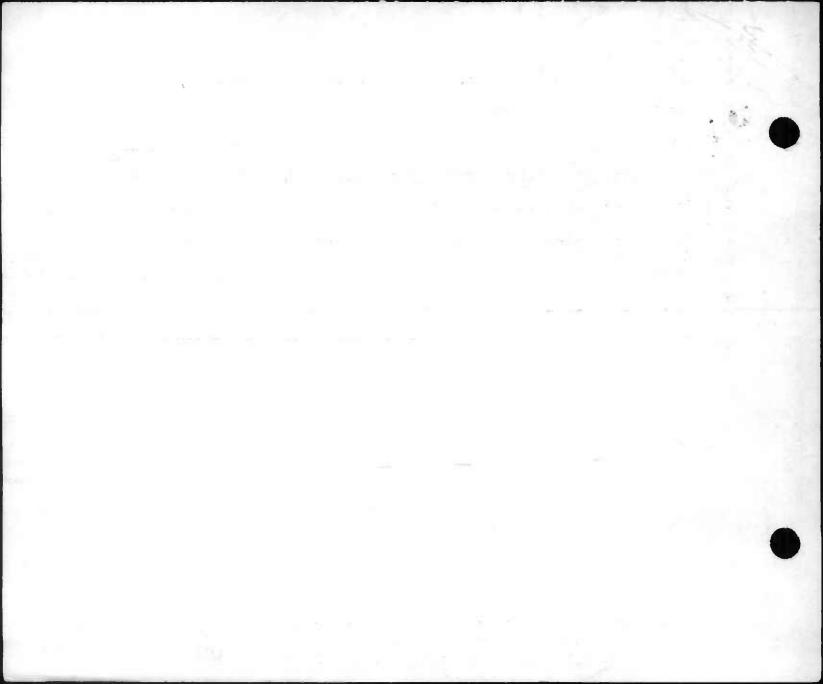
WALIERS, CESTA

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

III	REG.	NO

	FOR STATE REGISTRAR		DEPART		EALTH AND MENT.					
	1 DECEASED NAME	FIRST	MIDDLE	1/	AS1	2	REG. No. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR P
6	(TYPE OR PRINT)	CLINT	J.	TAT Z\	LTERS		MARCH 8	1001		4:58 м
	3.SEX:	4. RACE	0.	5. DATE O		6	AGE (IN YEARS LAST B#		DER I YEAR	IF UNDER 24 HRS.
	Male	Whit		MONTH	DAY YE	AR	17	MONI	HS DAYS	HOURS MIN.
1150	70. BIRTHPLACE (STATE ORE		F WHAT COUNTRY	2 8		966	BALTIMORE CITY C	YRS. DR COUNTY OF	DEATH	
144	Oklahoma	U.S.		MARRIE	NEVER MARRIE	ED X	BALTIM	_		
2/-	D. CITY OR TOWN OF DEA			WIDOWE	D DIVORCE		usual occupat			BUSINESS OR
100	BALTIMOR	E THE C	OHNS HO	PKINS	HOSPITA		Student		NDUSTRY	
9-25	SUAL RESIDENCE IN NURS 130. STATE Maryland	ING HOM DATOTHER INSTITUTION TO THE PROPERTY BALLIMORE	I3c. CITY OR TOV	re admission) NN 1k	13d. INSIDE CITY LIA YES NO\$		estreet address 2007 Bea		e Rd	. 21222
V1.47.22	FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIL	DEN NAME	WIDDIE		LAST	
1.2	Buenos 2	Aires	Walte		Ruth		Ell€			own
6 50	69. WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SEC		17. INFORMANT					ale Ave
1 54	No				Frederic	k J.	Sauer	Balto		D. 2122
45	18. CAUSE OF DEAT	H (Enter only one cause p	er line for (a), (b), a	nd ic					BETWEEN	NATE INTERVAL INSET AND DEATH
emo even	PARTI. DEATH W	IMMEDIATE CAUSE (o)_	Phour	200	14				5 1	Days
oric ofic	2061	DUE TO,	OR AS A CONSEQU	JENCE OF	-	1	1 1.		11	
ave carba tion, ar re aumatic e	Conditions, if any,		ACUT	un	ronocy	110	louken	719	. 1/	241
emo er tr	gave rise to immo	g the DUETO.	OR AS A CONSEQU	JENCE OF	/					•
ol, cr r oth	underlying cause	last.								
hen ple ta burid ijury. a		VIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	IDITION GIVEN I	N PART Ita	
permit. T	190 DATE OF OPERA 210. ACCIDENT WAS UNI	TION 196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED)	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES (
Hygre Hygre	210. ACCIDENT WAS UNI	DERLYING 7 216. TIME	OF INJURY		21c. HOW INJURY	OCCURRED	ENTER NATURE OF INJU			,,,,
O E	OR COLUMNIC L									
Men He	OR CONTRIBUTING		P.M. E OF INJURY	19	21f LOCATION					
and	AMBILL MOLAN	IILE	STREET, FACTORY, OFFICE	FARM ETC }	STREET		CITY OR TO	JWN	COUNTY	STATE
alth marl		(this hospital) attended	the deceased from	3/5	19	84	10 3/	19	84	hot (I) we lost
of He		ed alive on 3/5 did)(did not) view the boo		84 , or	d that in (my)(our	opinion de	oth occurred on the d	late and hour on	d from the c	causes stated
Dept of He	22b. SIGNA URE	did) (did not) view the boo	ly ofter death.	-	DEGREE				22c DATE S	SIGNED;
should be detached f with the State Dept o (MPORTANT: If them?)	Afre	it al	Low		ATTENI PHYSI	CIAN [MEDICAL STA	CIAN	8 Ma	rch' 84
he S	224. PHYSICIAN'S N.	AME (TYPE OR PRINT)			22e ADDRESS (OON	wolfe S	- Balt	05	,ma
APO T	15	nort H	Cowc		Johns	s Ho	pkins +	+ ospit	al	
v 3 5	23a BURIAL, CREMATION,				EMETERY OR CREMA		23d LOCATION CITY OF TOWN	ec.	DUNTY	STATE
	Burial	3/12	2/1984 S	acred	Ht.Of M	Mary	Dundall	K	M	aryland
OM 4/83	24 FUNERAL DIRECTORD		Inc.			250 DATE F	A 3 400A	250 REGISTRAR	SSIGNAT	andelle
5, 4)	7922 Wise	Avenue	Dundalk	, MD.	21222	MAR	10 1964	A The same of the		

DHMH - 16 50M 4/83 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executived

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and a should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

an puo

STATE OF MARYLAND

	REGISTRAR				REG. N	O.		
	CEASED NAME FIRST	MIDDLE	1/2	A -	20. DATE OF DEATH	MONTH PA	Y YEAR	26. HOUR
	J65e		W	HRBEN	1 105	1010	UNDER 1 YEAR	IE UNDER 24 HR
1.5E	male	Black	5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIR		INTHS. DAYS	HOURS MIN
TE BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY C	1	F DEATH	
13	DAITING, 1110	1)5 H	WIDOWED	DIVORCED 5	1 BAH	rince (LITU) ^
P	24/ frings, Md	11. NAME OF HOSPITAL, NUR: (# NOT IN SUCH FACILITY, GIVE STRI PERCY FES	SING HOME OR	OTHER INSTITUTION	12a. USUAL OCCUPAT	F WORKING LIFE)	12b. KIND Ø	F BUSINESS C
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	TY MAY CITY ORITO	OWN II	3d. INSIDE CHY LIMITS?	130. STREET ADDRESS	DIVISI	2121 m 5	7 7 2 n c
)"	Clarence	WARA	0	5. MOTHER'S MAIDEN NA	MIDDLE	6	Cotte	
	WAS DECEASED EVER IN U.S. AR/			7. INFORMANT	ADDR			,
	NO	215-3	0-9127	Charles H	, Warren	2530		
	18. CAUSE OF DEATH (Enter on	y one couse per line for (a), (b),	ond (c).)				BETWEEN	MATE INTERVAL ONSET AND DEAT
	PART I. DEATH WAS CAUSED	E CAUSE (O) CAROID	VASCUL	on Alpest			51	ninute
	Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSECTION OF THE TOTAL OF THE TOTAL OR AS A CONSECTION OF THE TOTAL OR THE TOTAL OR THE TOTAL OR THE TOTAL OR THE TOTAL OR THE TOTAL OR THE T	CARCII	roma w/ E	PAIN Metal	1515	22	months
ATION	gave rise to immediate	DUE TO, OR AS A CONSEC	CHOCII DUENCE OF O DEATH BUT N	OT RELATED TO THE TERM		20b. IF YES, V	WERE FINDIN	GS USED
TIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEC (c) ONDITIONS CONTRIBUTING TO	CHOCII DUENCE OF O DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YES, V	1019	IGS USED
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECTION ON DITIONS CONTRIBUTING TO THE PROPERTY OF THE PROP	CHOCII DUENCE OF O DEATH BUT N CH OPERATION	OT RELATED TO THE TERM	ZOO. AUTOPSY?	20b. IF YES, YES YES	WERE FINDIN NG CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 198. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSECTION ON DITIONS CONTRIBUTING TO THE PROPERTY OF THE PROP	O DEATH BUT N CH OPERATION DAY YEAR 19	OT RELATED TO THE TER/ WAS PERFORMED	ZOO. AUTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FINDIN NG CAUSES	IGS USED OF DEATH?
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	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT OF THE SIGNI	DUE TO, OR AS A CONSECTION ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) of) attended the deceased from	DUENCE OF O DEATH BUT N CH OPERATION DAY YEAR 19 CE, FARM, ETC.) DE	OT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 thot in (my) (our) opinion GREE ATTENDING	200. AUTOPSY? YES NOTE: RED (ENTER NATURE OF INJUIT CITY OR TO deoth occurred on the d	ZOB. IF YES, IN CERTIFYI YES SWN Ote ond hour of the pare of the	WERE FINDING CAUSES T 1 OR PART 2) COUNTY	GS USED OF DEATH? NO STATE

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FOR STATE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	t	
	/	-
O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page miny be etained by the haspital or attending physician.	* D	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction angle 3 described for use of the build be filled within 52 built and be seen the build be filled within 52 built and seen the build be filled within 52 built and seen the built and	1	
the fole Dept of Health and Mental Hygiene prior to burnal, cremation, or removal.		

	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENI
TATE EGISTRAR	CERTIFICATE OF DEATH

				OF MARYLAND	073	0.7	- 10		
1.	FOR STATE	DEPART		ALTH AND MENTAL HYG	IENE				
	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.				
	CEASED NAME FIRST	MIDDLE	LA	4	20. DATE OF DEATH MON	ITH DAY	7EAR 26 HO	UR	
	EYELYN	WA.		GTON	3-/3.	-84		PM	
3. SEX	(4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS	TYEAR IF UNDE	R 24 HRS	
	FEMALE	BIACK	Jü	ne 18, 1909	74	YRS.	1,000	Total.	
7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO	DUNTY OF DEA	TH		
W	ash.,D.C.	USA	WIDOWEL		BAITO CITY MD.				
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OF		170 USUAL OCCUPATION		IND OF BUSIN	IESS OR	
	Baltimore, Md	(IF NOT IN SUCH FACILITY, GIVE STREET Key Circle		ice	Domestic	KKING LIFE) INDU	JSTRY		
JUSU/	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTAUTION GIVE RESIDENCE BEFORE	ADMISSION)				70	2417	
	aryland Fo	restville	N I	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF			11	
	THER'S NAME			15 MOTHER'S MAIDEN NAM		-Mar D			
	James Harr	MIDDLE LAST		FIRST / 13	MIDDLE		LAST		
16a V	VAS DECEASED EVER IN U.S. AF		IRITY NO.	17 INFORMANT	nknown)				
()	res no or unknown) (IF YES, GI	IVE WAR OR DATES) 577 30		6303 7 Vivian C	Hil-Mar Dri lick-daught	ive			
				/ VIVIAII C	TICK-daughi	er-	APPROXIMATE INTI	ERVAL	
		inly one couse per line far (o), (b), an ED BY:	PD			121	Qra 8	D DEATH	
	LLGI DIMMEDIA	TE CAUSE (a)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- au	912.	
	1760	DUE TO, OR AS A CONSEQUE	ENCE OF						
	Conditions, if any, which gove rise to immediate	(b)							
	couse (a), stating the underlying couse lost.								
		(c)							
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO J	DEATH BUT I	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	ON GIVEN IN PA	ARI Ito		
TIO	19g DATE OF OPERATION	armeri	CORE II WILLIAM	Nees-	780 AUTOPSY? 201	b. IF YES, WERE	EINIDINI C LISE	, , , , , , , , , , , , , , , , , , ,	
FICA	140 DATE OF OPERATION	(M. CONDITION FOR WHICH	CYTECHTICA	FIRSTERIORNED	IN	CERTIFYING	AUSES OF DEA	TH?	
MEDICAL CERTIFICATION	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		71. HOW IN HURY OCCUPR	YES NO	YES	NO [
ם כ	OR CONTRIBUTING CAUSE OF DE		AY YEAR	211 110 W INJOKT OCCORR	ED (ENTERNATORE OF INJURY IN	IIEM IS PART LORP	AKI ZĮ		
CA	(IF EITHER NOTIFY MEDICAL EXAMINE		19	211 LOCATION					
MED	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	ARM ETC)	STREET	CITY OR TOWN	COU	NTY	STATE	
	AT WORK AT WORK		11:	15	3 . /2	2	4		
		oital) attended the deceased fram_	34	19 02	, to	19_0		(we) lost	
		ot) view the body after death.	, 0111	d that in (my) (our) opinion o	death occurred on the date of				
	22b. SIGNATURE	.00 00	D	DEGREE ATTENDING 4.	MEDICAL STAFF	226.	DATE SIGNED	511	
	2 2005	worth Cook	/	PHYSICIAN &			$\mathcal{O}_{\mathcal{I}}$	84	
	226 PHYSICIAN'S NAME (TYPE	OR PRINT)	110	27e ADDRESS	10	n M	(
	L. Ellsner	The Cook	an D	2431 MC	. Clue, L	Dalto.	MJ	2018	
	URIAL, CREMATION, REMOVAL	1 736 DATE 236.1	NAME OF CE	METERY OR CREMATORY	234 LOCATION CITY OF TOWN	Suita	and.	SOAN!	
	Burial	March 19 1	984	Lincoln Me				culand	

M FUNERAL DIRECTOR

Funer al

Home

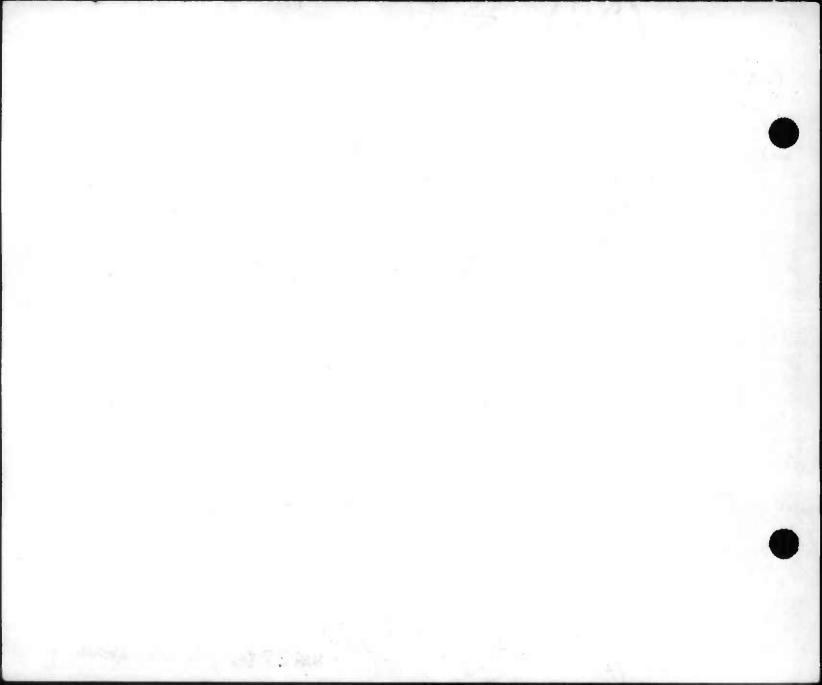
TO HOSPITAL

MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the

DHMH - 16 50M 4/83 (VRA 15, 4)

9, 1984 Lin 4001 Benning

Lincoln Memorial Cemetery Maryland



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FOR STATE REGISTRAR			DEPART		EALTH AND ME		ENE REG. N	10.	9	
1. DECEASED NAME	FIRST	,	MIDDLE	t/	AST		20. DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR
	MILTO		RT M	VASHING				3 2	8 84	6:15a M
3. SEX		4 RACE		5. DATE O		YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.
Ma le		Blac		4-	10-1910		73	YRS.		
7a BIRTHPLACE (S	LATE OR FOREIGN		WHAT COUNTRY	? 8. MARRIE	NEVER MAI	RRIED 🗆	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Mary!		US		WIDOWE			BALTIMORE			MD.
10 CITY OR TOWN	OF DEATH	(IF NOT IN SUC	HEACILITY, GIVE STREE	ET ADDRESS)	R OTHER INSTITU	ионт	170 USUAL OCCUPAT	OF WORKING LI	FE) INDUSTRY	OF BUSINESS OR
BALTIMOR		Loch	Raven V	Zet. H	ospital		retired-s	teeel	wbrker	
USUAL RESIDENCE 130. STATE Md.	13b COUP		Baltim	WN 1	13d INSIDE CITY	LIMITS?	13e STREET ADDRESS 4610 Law			_ ,
14 FATHER'S NAME				010	15 MOTHER'S M			приг	c ava.	spt. G
FIRST		WIDDLE	LAST		FIRS		MIDDLE		LAS	ST
160 WAS DECEASED	EVED IN ITS AD	MED EODOES?	166 SOCIAL SEC	TIPITY NO	Eva 17. INFORMANT		ADD	ESS		
(YES, NO OR UNKNO	WN) (IE YES, GIV	E WAR OR DATES)	212-01				olland 244		112c C	+ 21231
	DEATH (Enter or				Dyivia	ע, גונ	Jiland 244	U, D	APPROX	IMATE INTERVAL ONSET AND DEATH
Conditions, gove rise	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carous promoting circuit A 254 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (b) Carutiomy opathy DUE TO, OR AS A CONSEQUENCE OF A Juamy sin to xivity									
	R SIGNIFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TE	THE TERMIN	NAL DISEASE OR COM	NDITION GIV	VEN IN PART 1	a
AND TANK THE STATE OF CONTRIBUTION OF CONTRIBU	190 DATE OF OPERATION 196 CONDITION FOR WHICH (H OPERATIO	N WAS PERFORM	AED	200 AUTOPSY?	IN CERTI	S, WERE FINDII FYING CAUSES	NGS USED 5 OF DEATH? NO []
OR CONTRIBUTION	WAS UNDERLYING UNDERLYING CAUSE OF DEA	OTH COMMENT	M. MONTH	DAY YEAR	21c. HOW INJU	RY OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18 1	PART 1 OR PART 2)	
21d INJURY C	NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OEFICE	FARM ETC)	21f LOCATION		CITY OR T	OWN	COUNTY	STATE
sow the above, (A)	hatzd) (this hospi deceosed plive on (we) (did) (did) po						, to <u>MARCH</u> 2 eath occurred on the o		and from the	
22b. SIGNÁTU	226. SIGNATURE B. NOQUEEN MD			(ENDING	MEDICAL STA		3/2	SIGNED
22d. PHYSICIA	22d. PHYSICIAN'S NAME (TYPE OF PRINT)				22e. ADDRESS			4 444		
	BICH-D	AD NO	YENMI	0	135					
23a. BURIAL, CREMA					EMETERY OR, CRE	MATORY	23d LOCATION			
Buria	le:	4-2-	84	rowns	ville V	A Cem	Baltime	ore.	Ma YIMUO	aryland
24 FUNERAL DIREC		1 1 2	01	10 1111	, , , , , , ,		REC'D. BY REGISTRA			

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows ony injury, or ather traumatic event, the

Brown/Thompson FH 1913 W. Balto. St.

APR 2 - 1984 Julia Davidson-Randelle

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	1-	FOR STATE REGISTRAR SAMUEL	DEF HARRY WATERS	ARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	HENE 0 7	5 0	4
ge 3		CEASED NAME FIRST OR PRINT) SAMINE	HARRY	WAter	S	20. DATE OF DEATH 3-25	MONTH DAY	26. HOUR A 10:15 M
Page 4 may be director, page 3 hours after death	3. SE:	male	White	4. RACE S. DATE OF BIRTH MONTH DAY YEAR			YRS.	
= 55 50	BA	RTHPLACE (STATE OR FOREIGN COUNTRY) LTIMORE, MD	U.S.A.	MARRIE	DI NEVER MARRIED TO DIVORCED	BALTIMORE CITY O	City.	HOSPITALS MD.
s ofter by the f iled wit	BA	ITY OR TOWN OF DEATH LTIMORE	11. NAME OF HOSPITAL, N HE NOT IN SUCH FACILITY, GIVE BA ITO. CITY	HOS K	FALS.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O SELF-EMPLO	F WORKING (IFE) II	26. KIND OF BUSINESS OR NOUSTRY APER HANGER
fills in must be	130.5	AL RESIDENCE (IF NURSING HOME O STATE 13b, COU RYLAND	NTY 13c. CITY OF		134. INSIDE CITY LIMITS? YES ☑ NO ☐	130. STREET ADDRESS 3230 L	everto	21224 N HVE
completely ond 234		THER'S NAME FIRST LLIAM EV	VAN WATE		15. MOTHER'S MAIDEN NA FIRST MABEL	VIRCINI		MORRIS
te be execution and construction and constructions.			IVE WAR OR DATES)	4.7898	GEORGE E. WA	ADDRE	ANVILLE	
hat the death certifica by the attending phys ase remove carbonpap I, cremotion, or remove other troumatic event,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE CONDITION OF PART I. DEATH WAS CA	DUE TO, OR AS A CON	SEQUENCE OF	espiratory F Chronic Ren	trest al Failue		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 - 2 M N U TOS
quires signe hen p to bur njury.	NOI	PART 2. OTHER SIGNIFICANT			none			
4	CERTIFICATION	190. DATE OF OPERATION HONE	196. CONDITION FOR V	VHICH OPERATIC		200 AUTOPSY?	IN CERTIFYING	
HYSKCIAN Iding phys is certifica burial-tro I Mental H or frem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IFETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE WHILE AT WORK A	HOUR A.M. MONT	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUST CITY OR TO		OR PART 2) COUNTY STATE
TTENDIN OF TOTAL STATE OF TOTAL STAT		22a.1 certify that (1) (this hosp	oitol) ottended the deceosed in 3/25 ot) view the body ofter death.	19 84-	nd that in (my) (our) apinion	deoth accurred on the do	5 , 19_ ote and hour and	, that (II twe) lost d from the couses stated 22t, DATE SIGNED
F Para Para		22d. PHYSICIAN'S NAME (TYPE	Duente	ry	ATTENDING PHYSICIAN [MEDICAL STAF	FF CIAN A	3/25/84
TO HOSPITAL retained by the TO FUNERAL should be det with the State MAPORTANT:		Martin G	rechbeg	MD	B. (.·H.		

23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY XXX CREMA TOTON GREEN MOUNT CEMETERY

24. FUNERAL DIRECTOR WALTER BROOKS BRADLEY, ADDRESS INC. BALTO, MD 21222

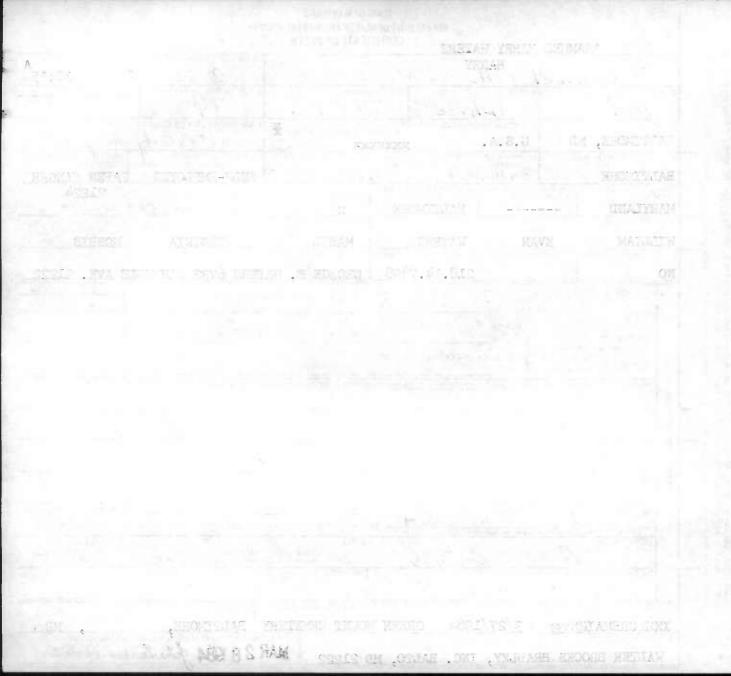
CITY OR TOWN

COUNTY

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE



3	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH					
1	1. DECEASED NAME FIRST (TYPE OR PRINT) Rebece	a (BEKKI)	warach	20. DA				

1	1	FOR STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENFAL HYC ICATE OF DEATH	GIENE 0 /	5 1	0	
		EASED NAME FIRST OR PRINT) RESECC		KKI)		rach		MONTH DAY	184	26 HOUR P 8:46 M
1	3. SEX	ifemale	. RACE	hite			6. AGE (IN YEARS LAST BIRTI	YRS.		IF UNGER 24 HRS HOURS MIN.
	Ri	U-SSLAU	US		WIDOWE		9. BALTIMORE CITY OF	Cit	4.	MD.
	30	atto.	SUNCUL	ACILITY, GIVE	STREET ADDRESS	BCLL TO	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF HOUSEW	WORKING LIFE IN	AT F	
1	13a. S	THER'S NAME		CITY OR		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	APT. 91 Belue	der	#21215 E AUE
1		ABRAHAM	DDLE	BATLI	N	YITA	MIDDLE		OLLÄ	
		(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		7-9955D	3720 DOWNE	RS. EDITHOME Y DALE DR.	RANDAL	LSTO	WN, MD
		PART 1. DEATH WAS CAUSED Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR A	AS A CONS	EQUENCE OF	NOT RELATED TO THE TERM	Alinal Disease OR COND	DITION GIVEN II	N PART III	0
2	CERTIFICATION	190. DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDIN	NGS USED
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M.	MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 (OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OI (AT HOME, STREE		FFICE FARM, ETC)	211 LOCATION STREET	CITY OF TOV	VN (COUNTY	STATE
		22a. I certify that (I) (this haspite saw the deceased alive an abave, (I) (we) (did) (did nat) 22b. SIGNATURE	3/12		19 <u>84</u> , or	nd that in (my) (60) apinian	death occurred on the do			
		22d PHYSICIAN'S NAME (TYPE OR	J			ATTENDING PHYSICIAN [MEDICAL STAF	F	3/1	2/84.
		M. I. GO	ver			Sinai	Hosp.	D 130	ill	20 ·
		MOVAL/BURIAL	MAR.15	,1984	WELLWOO	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN PINELAWN	t?	I	NY STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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retained by the haspital or attending physicia

injury, or other troumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MAR 1 6 10RA Lulia Davidson Randall

1473 - 3 - - - -

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

etained by the haspital or attending physician.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO).		
1. DECEASED NAME (TYPE OR PRINT)	Hardy		FIELD	20. DATE O	FDEATH	3 2	YEAR 4 84	26 HOUR
3. SEX Male	4. RACE White	S. DATE OF	BIRTH DAY 2 9 1915	6 AGE (IN	68		UNDER I YEAR	HOURS MI
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTR	MARRIED		CI	74	R COUNTY O		
BALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	PAZ OF	BANT	(TYPE OF WOR		on working life) Agent	12b. KIND OF INDUSTRY ICO	Creat
	NTY 13c. CITY OR TO	- CITY	YES X NO	13e.STREET 333	ADDRESS /		210. HATHAN	
John He	ebb Warfiel	đ	S MOTHER'S MAIDEN NAM		MIDDLE		rdy LAST	
(YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES) 216-09		7. INFORMANT Richard H. W	larfie:	^235 ld, Ma	01 Civ	ic Ctr alifor	.Way#:
	DUE TO, OR AS A CONSECTION OF THE CONTRIBUTING TO	O DEATH BUT N						
190. DATE OF OPERATION 211. 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	YES []	NO TH		WERE FINDING NG CAUSES (
OR CONTRIBUTION TO CALIFE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PAR	I (OR PART 2)	
(IF EITHER, NOTEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		PIL LOCATION STREET	4	CITY OR TO	WN	COUNTY	STATE
saw the deceased alive or	ital) attended the deceased from 15 to 15	5.4, and	that in (my) (our) opinion of GREE ATTENDING PHYSICIAN	MEDICAL	STAP	F		
HANNE LINE	1 Ruser	,	SINAL 1	705/		- OF	BA	29
23a. BURIAL, CREMATION, REMOVAL (SPECIFY Burial	23b. DATE 2:	NAME OF CEA	METERY OR CREMATORY	23d LOC	ATIONI		-	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in proshould be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages, I and 2 should be lift with the State Dept. af Health and Mental Hygiene priar to burial, crematian, ar removal.

Olin L. Molesworth, P.A., Damascus, Md.

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1 - STATE
REGISTRAR
DEPARTMENT OF HEALTH AN
CERTIFICATE O

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	REGISTRAR									NO.				
	EASED NAME	FIRST		MIDDLE	LA	AST	20	DATE OF	DEATH	HTMOM	DAY	YEAR	2b. HO	UR
TYPE	OR PRINT)	sabell	е	L.	Wash	aby				3	16	1984		
SEX	(4	RACE		S. DATE O	F BIRTH	6.	AGE IN YE	ARS LAST E	URTHDAY		NDER I YEAR		R 24 HRS
de la constante de la constant	Female		F	Black	10	06 191	4	69		YR	S. MON	IHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIE	9.1	BALTIMOR	RE CITY	OR COU	NTY OF	DEATH		
	Virginia		U. S.	. A.	WIDOWE			Balt	imon	re Ci	ty			~
Cľ	TY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN	NG HOME O	R OTHER INSTITUTIO		a USUAL O				12b. KIND		ESS O
B	Baltimore			raddish A				Domes		OF WORKIN		Pvt.		ly
. S	AL RESIDENCE (IF NUR TATE LTYLAND	SING HOME OR O		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	VN I	13d. INSIDE CITY LIM		STREET A			UDE	0	20th	
A	THER'S NAME	M	DDLE	LAST		15. MOTHER'S MAID	EN NAME		WIDDLE				AST	
	Mannie		dward	Roman		Hanna	h						scil	la
	VAS DECEASED EVER		ED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORMANT		21225	ADD	RESS 11	. W.	20th	Str	eet
(4	No.	(IF YES, GIVE	WAR OR DATES)	214-22-2	392	Joseph Ed	ward	Washb	y E	Balto	. Mo	d. A	pt.	11
Ī	18. CAUSE OF DEA	IH (Enter only	one couse per	line for (a), (b), on	nd (c).)	•					1	APPRO	XIMATE INT	ÉRVAL ID DE AT
	Conditions, if ony	VAS CAUSEĎ IMMEDIATE v, which mediote	DUE TO, O	Candi RAS A CONSEOU Meta	ENCE OF	mest:	remo	ma	Rect	um.		2	un	ms
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n. B	Conditions, if on gove rise to im couse (a), stati underlying cous PART 2. OTHER SIG 19a DATE OF OPERA COLOTOW 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTEY MEE 21d. INJURY OCCUI WHILE WHILE 22a.1 certify that (1 sow the decea obove, (1) (we) 22b. SIGNATURE	VAS CAUSED IMMEDIATE , which mediate ng the e lost. NIFICANT CO ATION CAUSE OF DEATH ORK ORK O (this hospite sed alive on _ drd) (did not) AME (TYPE OR	BY: CAUSE (o) DUE TO, O (b) DUE TO, O (c) DUE TO, O (c) DUE TO, O (d) DUE TO, O (e) DUE TO,	R AS A CONSEQUI R AS A CONSEQUI R AS A CONSEQUI ITION FOR WHICH OF INJURY M. MONTH D. M. MONTH D. The deceased from The	DEATH BUTTO	NOT RELATED TO THE NAS PERFORMED 21c HOW INJURY CONTRACT 21f LOCATION STREET 3 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	DCCURRED DCCURRED Ding / IAN D	AL DISEASE 200 AUTO YES (ENIER NAT th occurred MEDICAL DIRECTOR [23d, LOCA 23d, LOCA [23d, LOCA	PSY? NO STURE OF IN CITY OR On the	20b. IF IN CE JURY IN ITEM TOWN AFF ICIAN	YES, W RTIFYIN YES [COUNTY 22c. DAT	ings uss s of DEA NO	ED ATH?

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonapaers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

injury, or other troumotic event,

With the project Deprison with the Man Stand School of

completely filled in by the funeral director.
I and 2 should be filed within 72 hours after

executed within 24 hours ofter death. Page #

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	M191 20 0	z zakia	Pemale
delthore city	732	v . 3 . U	. Vircinia
loweful L. 20th ot.	0.	AME BY GHIGH AVON	Saltmore
Belgion. M. 2001t. 11 L	- X-	15_ 25	r /1, n:
rirulla 2005 - 11 . Street	rn	n	olnasi
2 11 .5 A . DM .office Yourann o	JOSEPH SOLEY	\$269-53-45	. 0.1

For 3 3/2/ 2 Arbutus interial Extractions to nt, lead to the son and religion in .

252 Grans Fils Fory. Leltinore, Mr. 1115

STATE OF MARYLAND CEDTICICATE OF BEATH

REG. N	NO.				
DATE OF DEATH	MONTH 3	DAY	48	26 HOUR	Pa
CE AMANGADE LAST B	PRINCE AND	15 1 to	IDED LYCAD	IE LINIOED DA	Line

	CERTIFICATE OF DEATH	REG. NO.		
MIDDLE	WASHINGTO	N 20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
2	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 HRS
	MONTH SAY MEARS	80	MONTHS DAYS	HOURS MIN.
<u> </u>	6 600	YRS.		
N OF WHAT COUNTRY	? 8.	9. BALTIMORE CITY OR COUNT	Y OF DEATH	

7b. CITIZEN C

MARRIED NEVER MARRIED

WIDOWED

MORE

126. KIND OR BUSINESS OR [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY

Ness

NO

STATE

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS? YES T NO T

DIVORCED

00 IS. MOTHER'S MAIDEN NAME Sally MIDDLE

H. FATHER SNAME FIRST MIDDLE

HE YES, GIVE WAR OR DATEST

SAM

(STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

gove rise to immediate

couse (a), stoting the

underlying cause last.

4. RACE -

17 INFORMANT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).15 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which

DUE TO, OR AS A CONSEQUENCE OF

PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

JUNI C GNV 190 DATE OF OPERATION 191-CONDITION FOR WHICH OPERATION WAS PERFORMED

NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20g AUTOPSY

218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINERS PM 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19

211 LOCATION CITY OF TOWN COUNTY STREET

220.1 certify that (41-(this haspital) attended the deceased fram saw the deceased alive on,

, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATHS

above, () (we) (did) (did not) view the body after death. 22b. SIGNATUR

NOT WHILE

DEGREE ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATESIGNED

224 PHYSICIAN'S NAME

23c. NAME OF CEMETERY OR CREMATORY

King Mem. Pk.

CITY OR TOWN Randallstown

MD

Burial 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

FOR - STATE

(TYPE OR PRINT)

7a. BIRTHPLACE

STATE

(YES, NO OR UNKNOWN)

No

COUNTRY)

3. SEX

REGISTRAR 1. DECEASED NAME

1101 E, North Aye, C. March F/H

736. DATE

25e. DATE REC'D.

DHMH - 16 50M 4/83 (VRA 15, 4)

other a 2 2 5 b prior be Show the burial-transit and Mental Hygie 00 C

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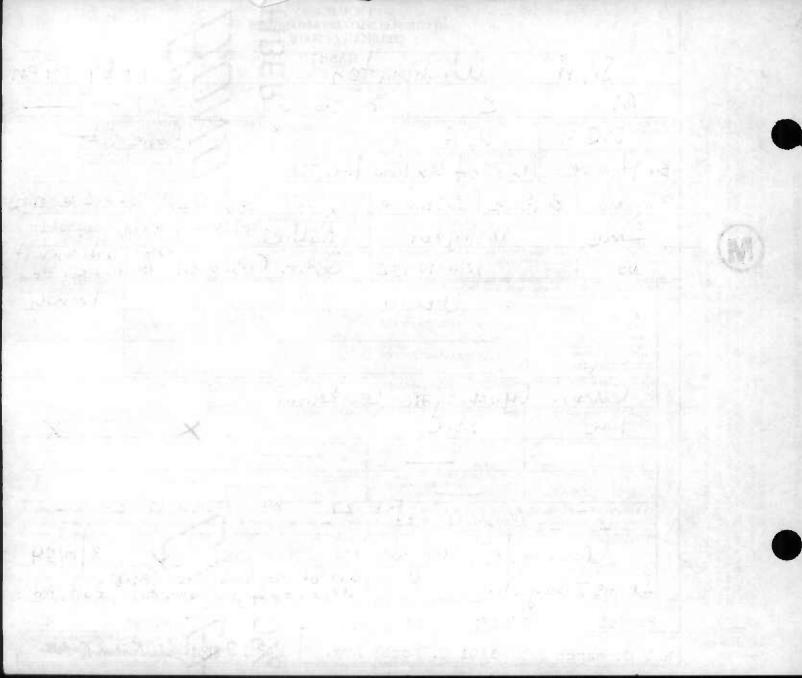
PORTANT

CERTIFICATION

this certificate has bee FUNERAL DIRECTOR: haspital id be detached far the State Dept. of i retained by

offe

BP



	1-	FOR - STATE REGISTRAR		DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 0 7 5 1	4	13) P. T. T.
		CEASED NAME PIRSE OR PRINTI	evelt	AIDDLE	1/1	atson	20. DATE OF DEATH MONTH	DAY YEAR	9 A M
1	3 SE	x Male	4 RACE Black	<	5. DATE C		6 AGE (IN YEARS LAS BIRTHDAY) 49 YRS	MONTHS DAYS	UNDER 24 HRS HOURS MIN.
		IRTHPLACE (STATE OR FOREIG COUNTRY) North Carol	ina U.S.	WHAT COUNTRY?	WIDOWE		Balto. Ci		MD.
46	1	Balto.	Luth	eran Hosp	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING WORKER	LIFE) INDUSTRY.	ruction
N		AL RESIDENCE (IF NURSING HO STATE 136.	ME OR OTHER INSTITUTION	Balto.		YES X NO	130 STREET_ADDRESS_ 2902 Presst	man St:	21216
0		George	MIDDLE Wa	tson LAST		Louise	WIDDLE	Dulin	
medico	16a. V	WAS DECEASED EVER IN U.	S. ARMED FORCES? ES, GIVE WAR OR DATES!	166. SOCIAL SECU 248-52-7		Mrs. Margar	et Dulin Balto	029 Pres	stman St
injury, ar other troumati	NOI	Conditions, if ony, whingove rise to immedio couse (o), stofing the underlying couse loop PART 2. OTHER SIGNIFIC.	ch (b)	Her	NCE OF	lun all	NANCE IN ALL DISEASE OR CONDITION CO	GIVEN IN PART TO	
Shown and	CERTIFICATION	14: DATE OF OPERATION	LE DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PE		N WAS PERFORMED	IN CER	ES, WERE FINDIN TIFYING CAUSES! YES []	OF DEATH?	
00,		214. ACCIDENT WAS INCIDENTED OR CONTRIBUTING. CAUSE OF ETHER NOTHY ARDICALES	OFDEATH HOUR A.	M. MONTH DA	Y YEAR	ZIL HOW INJURY OCCURS	ED (ENTER HATURE OF HUNDY IN TERE)	R FART I OR FART 71	S I
marked or Item	MEDICAL	WHAT THOUSAND TO SERVED AT WORK TO	71e. PLACE (OF INJURY BIT FACTORY OFFICE FO	NAME TO 1	211 LOCATION	CITY OR TOWN	COUNTY	STATE
If Item 21 is		22s.1 certify that (1) (this saw the deceased ali	/	1 19		d that in (my) Lour i opinion of DEGREE	South occurred on the date and h		
IMPORTANT	730 5	22d PHYSICIAN'S NAME BURIAL, CREMATION, REMO	Gehrem	anau	IAME OF C	22e ADDRESS #11) WU EMETERY OF CREMATORY	Cky Ar B	altin	dung
		BURIAL		/01 M	21122	Aubum Com	CITY OR TOWN	COUNTY	Md.
B1		uneral director n C ^{am} March F	,	ADDR1.1 ()1 E	North Ave	E REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATI	URE

DHMH - 16 50M 1/B1 (VRA 15, 4)

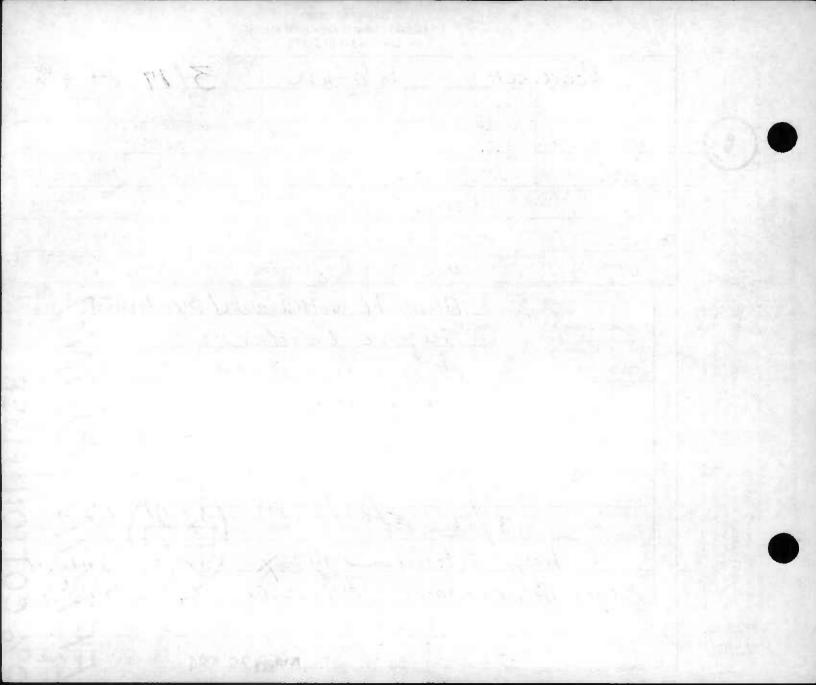
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon popers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital ar attending physicion.

BP.

itar, page 3 after death



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, t

IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO).			
I. DECEASED NAME	FIRST		MIDDLE		AST	2a. DATE O	_		AY YEAR	2b. HOUR	0
3. SEX FEMALE	_ANNIE	RACE WHITE	IELEN	S. DATE C		6. AGE (IN)	YEARS LAST BIRT	^^	IF UNDER I YEAR		M HRS
76. BIRTHPLACE (STATE WASHIngton		U.S.A	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMO	RECITY OF				MD.
Baltimore		Den to	n Medi	CA/	Center Center		OCCUPATION NO STOR			Emplo	S OR
USUAL RESIDENCE (IF N 130. STATE Maryland	wring HOME OR OF THE PROPERTY	TY	13c. CITY OR TOW Davidso	'N	134. INSIDE CITY LIMITS? YES 🛣 NO 🗌	130. STREET 574	ADDRESS Centi	al Av	enue	2103	35
14. FATHER'S NAME PHRST Irvin	Guy "	Gat	es		15. MOTHER'S MAIDEN N Arna		ema.		roughs	ST	
(YES, NO OR UNKNOWN)	(IF YES, GIVE	VED FORCES? WAR OR DATES)	215-38-4		17. INFORMANT Wilton Wat	ts Sam	e as #		(Son)		
PART 2. OTHER S	immediate oring the use last.	ONDITIONS CO	Varues R AS A CONSEQUE DITRIBUTING TO E	ENCE OF	NOT RELATED TO THE TER	RMINAL DISEAS			N IN PART I		
19a. L. ATE OF OPE		21b. TIME O			21c. HOW INJURY OCCU	YES D	NO X	IN CERTIFY YES	ING CAUSE		?
OR CONTRIBUTING ((IF EITHER, NOTIFY A 21d. INJURY OCC WHILE NO	CAUSE OF DEAT AEDICAL EXAMINER) URRED	P., 21e. PLACE		19	211. LOCATION STREET		CITY OR TOV		COUNTY	STA	TE.
22a.1 certify that	(I) (this hospits eosed olive on e) (did) (did not	march	2.5	(nd that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN	n death accurre	STAF	F _		- 1.	lost
22d. Physician's	NAME (TYPE OR	N.RE.	ED M.		220. ADDRESS	195. ST	$-B_i$	740	Me	3,212	38
230. BURIAL, CREMATIC	N, REMOVAL	3/7/84			emetery or crematory ncoln Cemeter		entwoo	d P.	GOUNTY M	arylät	ďd

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Md. 20781

250. DATE REC'D. BY REGISTRAR 256. TO STRAR S. SIGNATURE
MAR 6 984 Juna Davidson-Handase

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

STATE OF MARYLAND

1	FOR - STATE		TH AND MENTAL HYGIENE	0 / 0 .	
76-1	REGISTRAR	CERTITION		REG. NO.	
	ECEASED NAME FIRST	MIDDLE	20 D	ATE OF DEATH MONTH	AY YEAR 26. HOUR
(14)	(PE OR PRINT)	Dorothy Hon W	eadon	3-9	-84 10 A
3. SI	EX	4. RACE S. DATE OF BIR	RTH VEAR 6. AG		FUNDER I YEAR IF UNDER 24 HRS
11 1	emale	white of	# 08	75 YRS.	
70. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	NEVER MARRIED 7 8 BA	LTIMORE CITY OR COUNTY	OF DEATH
1/1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OF O	DIVORCED	Jaltimore JSUAL OCCUPATION	12b. KIND OF BUSINESS O
EN/V6	Bold +	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
		OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	at center 1 H	omemaker	11,21401
\$5 30	STATE DIN		INSIDE CITY LIMITS? 13e.ST	89 Detense	Highway
A DIYLE	FATHER'S NAME	AIDDLE LASA	MOTHER'S MAIDEN NAME	WIDDIE	LAST
200	Alliam Ge	orge Willige	Bertha		oleman
medicol medicol		MED FORCES? 166 SOCIAL SECURITY NO. 17 I	INFORMANT	ADDRESS	same as
E .	NO I -	- 517-40 81851	Or ooks H.E	proome, Jr.	#13
i i	PART I DEATH WAS CAUSED	y one cause per line for (a), (b), and (c), (. 0 -0	,	BETWEEN ONSET AND DEATH
9 2	The second secon	ECAUSE 101 Mayor tarolial	en osci	- Salar	
HOE	7100	DUE TO, OR ASTA CONSEQUENCE OF	1-1-10-0	They	
trou	Conditions, if any, which gove rise to immediate	(h)	- Characher	man to way	12.00
other	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	deaders	weggy	71111
o 's	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT	LATED TO THE TERMINAL I	DISEASE OR CONDITION GIVI	EN IN PART I (a)
NO NO					
E C	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 20		, WERE FINDINGS USED YING CAUSES OF DEATH?
8 shows ony injur			YE	S NO YES	
8 8			HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PA	ART I OR PART 2)
Ife CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	in .			
	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	LOCATION	CITY OR TOWN	COUNTY STATE
0	AT WORK AT WORK	0		'3	
ž.		all attended the deceased from	, 1907 , 10	olliare 1	19 , that (I) (we) to
1 5 F	sow the deceased alive an above, (4) (we) (did) (did nat	view the bady after death.	at in (my) (aur) apinion death	accurred an the date and haur	
MPORTANT: If Item 21 is mort	22b. SIGNATURE	DEGI	ATTENDING ME	DICAL STAFF	3/9/84
Z /	224. PHYSICIAN'S NAME (TYPE OF	PRINT) 22e	ADDRESS		
MPORTANT	JULIAN	/ WKERMA!	615, CHAS	ST. BALLE	8. ME 278
≥ 4 230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c DIAME OF CEME	TERY OR CREMATORY 23	d. LOCATION CITY OR JOWN	EQUNITY STATES
_ (Ourial	Mar. 12, 1974 Tark	awn Memorial	Rockville	Maril Minell
1/83	EUNERAL DIRECTOR	Appress -	25d DATE REC	D. BY REGISTRAR 25M REGIST	RAR'S SIGNATURE
110	aylortunera	Chapel-Honapolis) III TO I I WAY I	0 1984	TO TO SOME IN COMPANY

DHMH - 16 50M 4/83 (VRA 15, 4)

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ABOVE BURE OF THE WILLIAM Sold and the construction of the contract of t requires that the death certificate be

PHYSICIAN, The law

AL OR ATTENDING PHYSICIAN The the hospital or otherding physician.

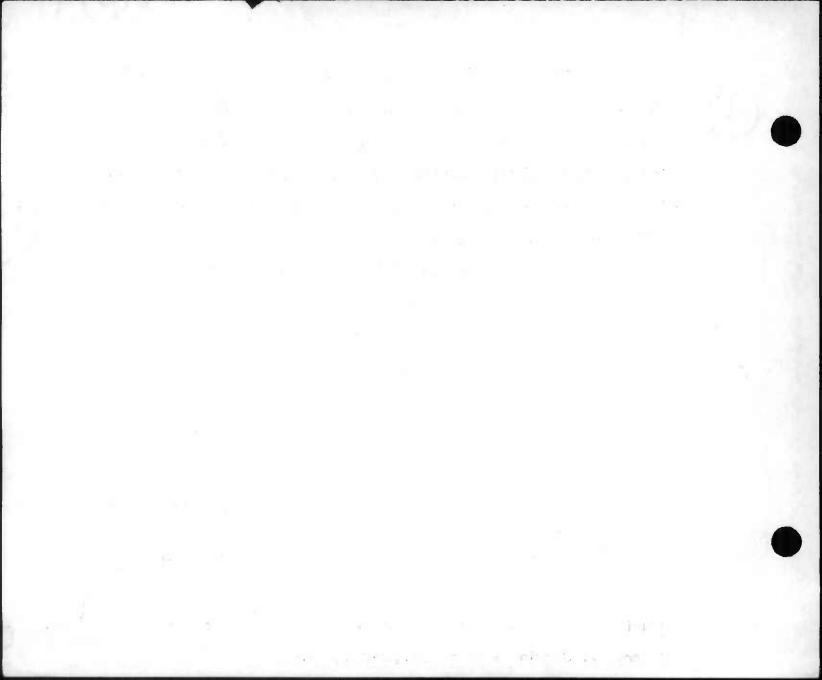
FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	0	7	j.
CERTIFICATE OF DEATH		REG. N	10

			CERTIFICATE OF DEATH	REG. NO	
(1)	DECEASED NAME AND FIRST	EY H.	ALCAIGE	2a. DATE OF DEATH	AONTH DAY YEAR 26 HOUR 32 /
3. 5	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HR
١.	FEMALE	WHITE	6 24 12	7/	MONTHS DAYS HOURS MIN
34	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE		
100	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCE		DN 126 KIND OF BUSINESS O
40	BALTIMORE	67800 SAMA	PRITAN HOSP	THE TEACHE	WORKING LIFE) INDUSTRY
35 1	A STATE INV.COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY 13c. CITY OR TOW NARUNOS. ANNA	N 13d INSIDE CITY LIM		
38	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAID	MIDDLE	LAST
4	JOSEPH	R. HEROL		NE L.	IVES
2 160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 056-24	The second secon	RET A. BOLI	
r officer troumotic event	PART I. DEATH WAS CAUS 4939 IMMEDI Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO OR AS A CONSEQUE	NCHIAC ASIT	AVYEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
0					
TIFICATION		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	200 AUTOPSY? YES NO.	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESNO
AL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PERFORMED AY YEAR 216 HOW INJURY C	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PERFORMED 21c HOW INJURY C AY YEAR 19 211. LOCATION	206 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TOTAL TOP PART 2)
1 11	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHITE AT WORK 220.1 certify that (1) (this has saw the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	OPERATION WAS PERFORMED 21c HOW INJURY CAY YEAR 19 21l. LOCATION STREET 3 - 29 84 / OCC	20a AUTOPSY? YES NOW CCURRED (ENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE NEW TO PART (1) NO COUNTY STATE
MEDICAL	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# EITHER, NOTHY MEDICAL EXAMINATION OR CONTRIBUTING AUGORE WHITE NOT WHITE AT WORK AT WORK 22a. certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did) 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 211. LOCATION SIREET 3 29 84 1006 , and that in (my) (our) a DEGREE ATTEND PHYSIC	20a AUTOPSY? YES NOW CITY OR TOW TO MEDICAL STAF	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE TO 213 M, that (I) (we) It to and hour and from the causes stated 22c. DATE SIGNED
MEDICAL	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER, NOTEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTE WHILE AT WORK 22o. I certify that (I) (this has sow the deceased alive cobave, (I) (we) (did) (did)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	AY YEAR 19 211. LOCATION SIREE , and that in (my) (our) a DEGREE ATTEND PHYSIC 22e ADDRESS	20a AUTOPSY? YES NOW CITY OR TOW TO MEDICAL STAF	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO STATE IN ITEM 18 PART 1 OR PART ?) IN COUNTY STATE TO 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
MEDICAL	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (# EITHER, NOT WHILE AT WORK AT WOR	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F	211. LOCATION SIREET 210. HOW INJURY OF THE PROPERTY OF THE P	200 AUTOPSY? YES NOW CURRED (ENTER NATURE OF INJUR CITY OR TOW TOWN TOWN TOWN 200 AUTOPSY? CITY OR TOWN CITY OR TOWN CITY OR TOWN TOWN 200 AUTOPSY? TOWN TOWN 200 AUTOPSY? TOWN 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE TO COUNTY STATE 22c. DATE SIGNED	
WEDICAL AND AND AND AND AND AND AND AND AND AND	190 DATE OF OPERATION 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (# EITHER, NOTHY MEDICAL EXAMINATION OF CURRED OF CONTRIBUTION OF	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F	AY YEAR 19 211. LOCATION STREET 3 29 84 1096 , and that in (my) (our) a DEGREE ATTEND PHYSIC 22e ADDRESS CLOW COON NAME OF CEMETERY OR CREMA OPPAINE PARK	200 AUTOPSY? YES NOW CITY OR TOW CITY OR TOW Pinion death accurred an the da ING MEDICAL STAFIAN DIRECTOR PHYSICI CITY OR TOWN CITY OR TOWN CITY OR TOWN Baltimo DATE REC'D. BY REGISTRANGE SO DATE REC'D. BY REGISTRANGE TORY 200 AUTOPSY? YES NOW CITY OR TOWN Baltimo SO DATE REC'D. BY REGISTRANGE TORY 200 AUTOPSY? YES NOW CITY OR TOWN COMPANY	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 10 23 1 10 (II) (we) 10 and hour and from the couses stated 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED AND COUNTY STATE COUNTY STATE COUNTY STATE COUNTY STATE Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cor should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

are any injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or Item 18 the

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR			. 100	CERTII	FICATE OF DEATH		REG. NO),			
	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE (OF DEATH	HTMON	DAY YEAR	26 HOUR	-
		Carr	011	R.	Wea	aver		March	5.]	984	4:20P N	1
3. SE	X		4. RACE		5. DATE	OF BIRTH	6. AGE (II	YEARS LAST BIRTI	HDAY)	MONTHS DAYS	IF UNDER 24 HRS	
	Male		Whi	te	-	ly 22 1923		60	YRS.		MIN.	
	IRTHPLACE (STATE OF	r foreign	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIM	ORE CITY OF	COUNT	OF DEATH		
-	West Virgi	nia	U.S.	A.	WIDOW			Baltim	ore (City	MD	
	ITY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUA	L OCCUPATION	N	12b. KIND C	F BUSINESS OR	
	Baltimore		Mary	1 and General Control of the Street Control of the	eral	Hospital		elder	WORKING [I		Tractor	S
USU.	AL RESIDENCE (IF NUI	13b COUN	OTHER INSTITUTION.	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS /	ZIP COD	E		
	Maryland			Baltim	ore	YES 🔀 NO		S. Hig	hlan	d Ave.	21224	
4. F/	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE	MIDDLE		LAS	1	
	Carol		-	Weaver		Flossi	е	-		Cour	tney	
	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT		ADDRES	SS	ATES		
,	no	(IF YES, GIV	e war Or Dales)	233-26-	7697	Jack Weaver	r 249	Baltin	ore	Ave. 21	222	
	18. CAUSE OF DEA	TH (Enter or	ly one couse per	· · · · · · · · · · · · · · · · · · ·							MATE INTERVAL ONSET AND DEATH	=
	18. CAUSE OF DEA PART 1. DEATH			Congest	ive H	eart Failure				155		_
	428	MMEDIA	re CAUSE (o)			car o rarrar c						-
	100		DUE TO, O	R AS A CONSEQU	ENCE OF							
	Conditions, if on gove rise to in		(b)									-
	couse (o), stot	ing the	DUE TO, O	R AS A CONSEQU	ENCE OF							
	underlying cous	se lost.	(c)_									_
_	PART 2. OTHER SIG	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BU	T NOT RELATED TO THE TERM	INAL DISEA	ASE OR COND	ITION GI	VEN IN PART 1	0	
ō	Chro	nic Ob	structi	ve Pulmor	nary [Disease						
CAT	19a DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AU	TOPSY?		S, WERE FINDI		
4							YES 🗌	NOK		ES [NO [
MEDICAL CERTIFICATION	21a. ACCIDENT WAS U	NDERLYING [21c. HOW INJURY OCCUR	RED (ENTER	NATURE OF INJUR	Y IN ITEM TO	PART I OR PART 2)		
AL	OR CONTRIBUTING		NIH.	M. MONTH D	AY YEAR							
DIC	(IF EITHER, NOTIFY MEI		P. PLACE		19	211 LOCATION						-
ME	WHILE IN NOT Y	WHILE		REET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR TOV	VN	COUNTY	STATE	
	AT WORK AT W	ORK			Manak	2 04		Marcab		0.4		-
	22a I certify that (X(this hospi	March	e deceosed from_	8/1	1_2, 1984	, to	March	5		that (X (we) lost	
		(did) (did)	March (1) view the body	ofter death.	UT., o	and that in 📉 (our) opinion	deoth occur	red on the do	te ond no			_ ;
	226. SIGNATURE	1/1	di-	11		DEGREE	MEDIC A	CTAF	-	22c. DATE	SIGNED	
		1	83 am	dhui		PHYSICIAN [MEDICA DIRECTO	R PHYSIC		31	504	
	224 PHYSICIAN'S	AME (TYPE C	R PRINT)			22e. ADDRESS			1			
	PARMI	NDER	DEET .	S. SAND	NUH	C/O Marvla	and Ge	eneral	Hosp'	ital		
23a. I	BUIDIAL CREMATION	I DEMOVAL	_			CEMETERY OR CREMATORY	23d. LO	CATION				Ξ
	(SPECIFY) Burial		March	818/	Onle T	Dama Com t		ITY OR TOWN	P	COUNTY	STATE	
24 F	UNERAL DIRECTOR			0.04	Vak L	awn Cemetery	E REC'D. BY	REGISTRAR	25b. REGIS	TRAR'S SIGNAT	e Maryla	no
T	17 Ty & 70	iler	Inc 70	O S ADDRESS	klina	St. 21224 MA	D D	4004	10. 1	T : 1. 3	Durla DO	
- 4	or Te	TTCI,	THE.	o b. con	VTTIIR	DU. KILKEY MA	K /	1984	- mark	lavidson-1	or former	-

DHMH - 16 50M 4/83 (VRA 15, 4)

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-	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haury little death. Fage 4 may b retoined by the haspital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and competely ultra in the formation of the burial-transit permit. Then please remove carbonpapers. Pages (Local 2 specificate by the burial-transit permit. Then please remove carbonpapers. Pages (Local 2 specificate by the state of the state	-
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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARKETHING LAND	oted	000	_a
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The keretoned by the haspital or attending physicion.	Ne Pe	with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removol. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other froumatic event, the medical eventmentant II hap a call or
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	5 g	5 4	3 ₹-

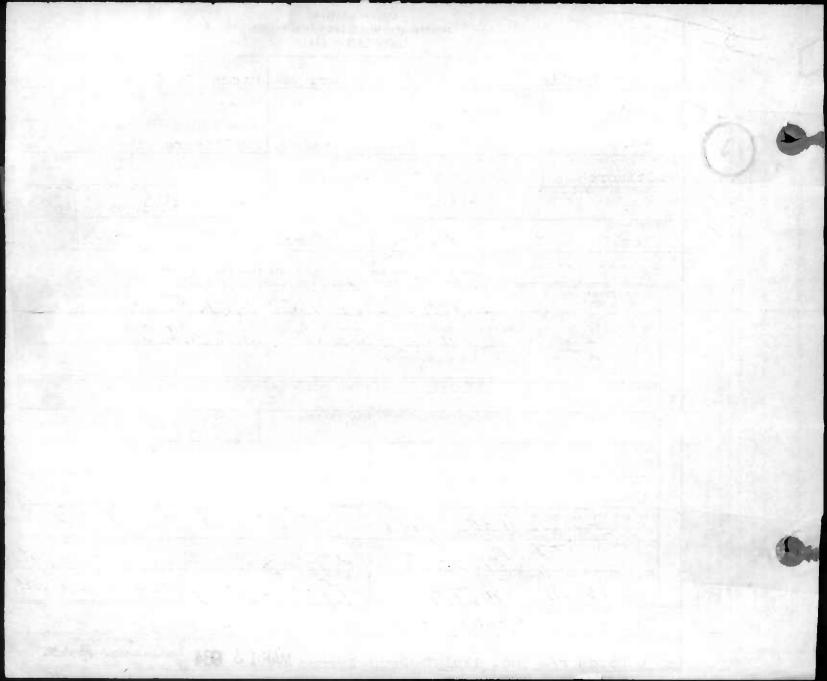
FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

	Lesli	e		We	ebb Jr.	March	8,	1984		
3. SEX	X	4. RACE		5. DATE O		6. AGE (IN YEARS	LAST BIRTHDAY)			IF UNDER 24 HI
	Male	В1	ack	ментн	6 47	36	,	YRS.	DAYS	HOURS MI
Je til	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	? 8	NEVER MARRIED	9. BALTIMORE			ATH	
2	Md.	USA		WIDOWE		Balt:	imore	City,		
10-CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSII	NG HOME O	OR OTHER INSTITUTION	12a. USUAL OCC	UPATION	12b. K	(IND OF	BUSINESS
Ba	altimore				HOSPITAL	(TYPE OF WORK FOR	MOST OF WORL	KING LIFE) INDE	JSTRY	
USU A 13a. S	AL RESIDENCE (# NURSING HOME C STATE 13b. COU		Balto.		13d. INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP Pent	com ridge	2: Rđ	1239 .Apt
4. FA	ATHER'S NAME	1.200			15. MOTHER'S MAIDEN NA	ME				
1	Leslie	T.	Webb,	Sr.	Mildred	A	IDDLE	Fl	ood	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS			
	NO NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	219-50	-2157	Mildred St	igger	1527	Pent	ride	ge Ro
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause p	Tyne for (0), (b), or	nd Ich	1 , .	01	1	BE	APPROXIMA TWEEN ON	ATE INTERVAL
	underlying cause lost.	(c)	r as a consequ	JENCE OF						
FICATION	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPS	(? 20b.	IF YES, WERE CERTIFYING C	FINDING	F DEATH?
ERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	20a AUTOPS	7? 20b.	IF YES, WERE CERTIFYING C. YES []	FINDIN C AUSES O	
AL CERTIFICATION	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT H OPERATION		20a AUTOPS	7? 20b.	IF YES, WERE CERTIFYING C. YES []	FINDIN C AUSES O	F DEATH?
	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONDITIONS	ONTRIBUTING TO	DEATH BUT H OPERATION DAY YEAR	N WAS PERFORMED 21c. HOW INJURY OCCUR	ZOO AUTOPS YES NO	OF INJURY IN IT	IF YES, WERE CERTIFYING C. YES EM 18 PART I OR P	FINDING AUSES O	NO [
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	CONDITIONS CONDITIONS	ONTRIBUTING TO	DEATH BUT H OPERATION DAY YEAR	N WAS PERFORMED	ZOO AUTOPS YES NO	7? 20b.	IF YES, WERE CERTIFYING C. YES []	FINDING AUSES O	F DEATH?
	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI WE EITHER NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK AT WORK 220.1 certify the (II) this hosp	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION SIREET	200 AUTOPS' YES NEED (ENTER NATURE	1? 20b. IN (IF YES, WERE CERTIFYING C. YES EM IS PART I OR P	FINDING AUSES O	OF DEATH? NO STATE
	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTHER NOTHER AT WORK 22a.1 certify the (II) (this hoss sow the deceased olive or obove) (1) (we) (did) (did of obove)	CONDITIONS CONDITIONS	ONTRIBUTING TO	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	71c. HOW INJURY OCCUR 211. LOCATION STREET and that in (my) (bur) apinion	200 AUTOPS' YES NEED (ENTER NATURE	1? 20b. IN (IF YES, WERE CERTIFYING C. YES EM IS PART I ORP COU	FINDING AUSES O	STATE STATE OUSSES STOTED
	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 22a.1 certify that (II) this hasp sow the deceased alive a above (17/we) (did) (did) 22b. SIGNATURE	CONDITIONS CONDITIONS	ONTRIBUTING TO	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	211. LOCATION 211. LOCATION SIREE1 21 Ad that in (my) (bur) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPS' YES NEED (ENTER NATURE	7? 20b. IN (O) OF INJURY IN IT	IF YES, WERE CERTIFYING C. YES EM IS PART I ORP	FINDING AUSES O	STATE STATE OUSSES STOTED
MEDICAL	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFE MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK AT WORK 22a.1 certify tho (II) this hosp sow the deceased object opposed (IT/We) (didy did n 22b. SIGNATURE	CONDITIONS CONDITIONS	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE. Of deceased from Other death.	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPS YES NOTER NATURE CO A to death occurred of DIRECTOR	7? 20b. IN (O) I	IF YES, WERE CERTIFYING C. YES EM IS PART I ORP	FINDING AUSES O	STATE STATE OUSSES STOTED
WEDICAL WEDICAL	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. 1 certify the (1) (this hosp sow the deceased olive obove) (1) (we) (did) (did of 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1YPR 22d. PHYSICIAN'S NAME (1YPR 22d. PHYSICIAN'S NAME (1YPR)	CONDITIONS CONDITIONS	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE. Of deceased from other death., 19	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	211. LOCATION SIREET 211. LOCATION SIREET 212. ATTENDING PHYSICIAN 222. ADDRESS EMETERY OR CREMATORY	YES NOTER NATURE	17 20b. IN (OO IN) URY IN IT TY OR IOWN The dote or STAFF PHYSICIAN	IF YES, WERE CERTIFYING C. YES EM IS PART I ORP	FINDING AUSES OF ART 7) ART 7) NITY , the point the company of	STATE STATE OUSSES STOTED
WEDICAL WEDICAL	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFE MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK AT WORK 22a.1 certify tho (II) this hosp sow the deceased object opposed (IT/We) (didy did n 22b. SIGNATURE	CONDITIONS CONDITIONS	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE. Of deceased from other death., 19	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	211. LOCATION 211. LOCATION SIREE1 211. LOCATION SIREE1 212. ADDRESS EMETERY OR CREMATORY Hill Cem.	200 AUTOPS YES N. RED (ENTER NATURE CITY OF TENTED AUTOPS AMEDICAL DIRECTOR 1 23d LOCATIC CITY OF TENTED AUTOPS 23d LOCATIC CITY OF TENTED AUTOPS 23d LOCATIC 123d LOCATIC 23d LOCATIC CITY OF TENTED AUTOPS 23d LOCATIC 24d LOC	17 20b. IN CO OF INJURY IN IT TY OR IOWN THE dote or STAFF PHYSICIAN OWN Arun	IF YES, WERE CERTIFYING C. YES	FINDING AUSES OF ART 2) ART 2) NIY DATE 51	STATE O(1) we) I Uses stoted STATE Md.
WEDICAL WEDICAL	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK 22a.1 certify that (II) this hosy sow the deceased alive a obove (17/we) (did) (did in 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1746 BURIAL, CREMATION, REMOVA (15PECTURE)	CONDITIONS CONDITIONS	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE. Of deceased from other death., 19	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	211. LOCATION 211. LOCATION SIREE1 211. LOCATION SIREE1 212. ADDRESS EMETERY OR CREMATORY Hill Cem.	200 AUTOPS YES N. RED (ENTER NATURE COLUMN ACCOUNTED OF THE COLUMN ACCOUNTE	17 20b. IN CO OF INJURY IN IT TY OR IOWN THE dote or STAFF PHYSICIAN OWN Arun	IF YES, WERE CERTIFYING C. YES	FINDING AUSES OF ART 2) ART 2) NIY DATE 51	STAI STAI STAI STAI Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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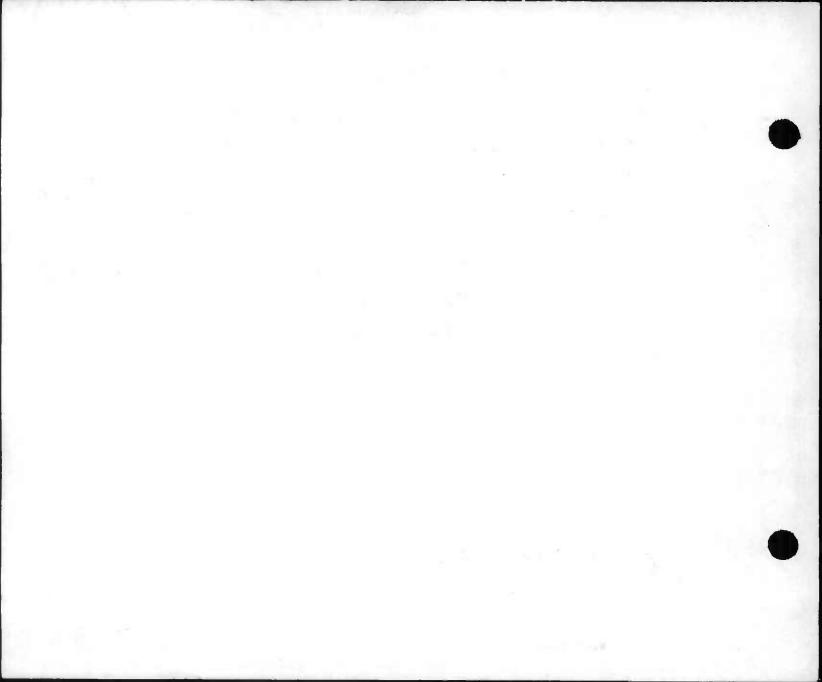
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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loss ^o				

2	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE REG. NO.	6.0	
		CEASED NAME EIRST Mary	Elizabeth Alv	7a Webb	March 7,]		26 HOUR 4 PM M
	3. SEX	Female	4.RACE White	5. DATE OF BIRTH MONTH DAY Dec. 7, 1903	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IE UNDER 24 HRS HOURS MIN.
27	Ma	ountry) arvland	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or COU	City.	MD.
20	Ba	altimore	(IF NOT IN SUCH EACHITY, GIVE STREET Belair Conva	alesarium	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOME maker		F BUSINESS OR
影	13a. S	Maryland Balt		Riveryes NO X	1304 Burke		420
120		John E. Fu	MIDDLE LAST	15 MOTHER'S MAIDEN N	Loring	LAS	T
C medico		AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) NO 18 YES, GIV	MED FORCES? 166 SOCIAL SECULE WAR OR DATES) 214-01-	-4482	Webb 1020 N.		21221 AVE
event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for (a) (b), as D BY: 'E CAUSE (o)	MONIA		BETWEEN	IMATE INTERVAL ONSET AND DEATH
traumatic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	ENGRO MA	OF LUNG		
, or other		couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQU	ENCE OF DEATH BUT NOT RELATED TO THE TER	RMIN AL DISEASE OR CONDITION	I GIVEN IN PART LIE	
s any injury	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20s AUTOPSY? 20b. IN CI	F YES, WERE FINDIN ERTIFYING CAUSES	NGS USED
lem 18 sh	-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D		YES NO PRED (ENTER NATURE OF INJURY IN ITEN	YES	NO []
rked or I	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
121 is mo		276 I certify that H (this base saw the decreased allowed above, (I) (wh) (did) (did)		, and that in (my) (aur) apinio	n death accurred on the date and	, 19, I hour and from the	, , ,
TANT.		276_81GNATURE	wen		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE	8,1984
NPOR I			vera, M.D.		air Road Bal	timore,	Md.
_ [URIAL, CREMATION, REMOVAL SPECIFY Cremation	Mar 8, 84 Se	NAME OF CEMETERY OR CREMATORY CUrity Process	Baltimore	Co., Md	STATE
4/83	24. FU	NAME DIPPET FUNETO	Homes, Inc. ADDRESS	7110 Belair Road 256. D. Baltimore, Md	ATE REC'D. BY REGISTRAR 55, RE	GISTRAP'S SIGNAL	Helesen

DHMH - 16 50M 4/83 (VRA 15, 4)



BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

07521

	1 -	FOR STATE			DEPART			MENTAL HYG	IENE			
		REGISTRAR					ICATE OF E	DEATH		NO.		
		CEASED NAME OR PRINT)	FIRST		MIDDLE	ı	AST		20 DATE OF DEAT	HINOM	DAY YEAR	26 HOUR
		EI	LSIE		L.	W	EEDO	Ν	March 6		4	10:15 ~
	3. SEX	(4.	RACE		5. DATE C		WE A.D.	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	
		Female		Wr	ite	Nov		1918	65	YRS		NODES MILE.
20	Ta. Bl	RTHPLACE (STATE OR FOR	EIGN 71	CITIZEN OF	WHAT COUNTRY	? 8 MAPPIE	D NEVER /	AARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
20		MD		U	SA	WIDOWE		VORCED	Baltim	nore (Dity	WD
-1	0 CI	TY OR TOWN OF DEATH		(IF NOT IN SUC	HOSPITAL, NURS	TADDRESS)		ITUTION	120 USUAL OCCUP	ST OF WORKING	UFE INDUSTRY	OF BUSINESS OR
8/4	1	Baltimore			Melville		ue		Reception	nist-S		
33	13a. S	AL RESIDENCE (# NURSING TATE 13	HOME OR O		136. CITY OR TO	WN	13d INSIDE C	ITY LIMITS?	136 STREET ADDRE	SS / ZIP CO	DF	dical 21218
è	14. F.A	THER'S NAME			Barto	•		S MAIDEN NAM				
5/7/)	FIRST		DDLE	LAST			Minnie	E.		Mill	AST
0 1	lán V	Christi VAS DECEASED EVER IN		ED FORCES?	Lang	URITY NO.	17 INFORMA			DRESS	IVILLE	16
medica	(1			WAR OR DATES)					Weedon	Jr.	Sa	ıme
ţ.		18 CAUSE OF DEATH	Enter only	one couse per	-	ndicu			200		APPRO BETWEEN	XIMATE INTERVAL LONSET AND DEATH
- c - -		PART I. DEATH WAS		BY: CAUSE (a)	muta	stat	Te C	Dot (all	neins	ne	
910		1629	MEDIATE		R AS A CONSEQU	IENICE OF						
E		Conditions, if any, v	vhich	(b)_	K AS A CONSEGN	DEINCE OF						
-		gove rise to immer		,	R AS A CONSEQ	IENCE OF						
5		underlying couse	lost	(6)		DET. CE OI						
, v, v	z	PART 2. OTHER SIGNIF	CANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION (GIVEN IN PART 1	10
Ē	CERTIFICATION	19a, DATE OF OPERATIO	201	Tas coals	ITION FOR WHIC	U ODER ATIO	ALWAS DEDEC	DAVED	200 AUTOPSY?	205 IE V	YES, WERE FIND	INCS USED
2	FICA	190. DATE OF OPERATIO)14	196 COND	IIION FOR WHIC	n OPERATIO	IN WAS FERFE	IKMED		IN CER	TIFYING CAUSE	S OF DEATH?
	ERTI	71a. ACCIDENT WAS UNDER	IVING 🗀	21b. TIME C	E IN II IPV		Tale HOW IN	HIPV OCCUPE	YES NO		YES []	ио 🗌
0		OR CONTRIBUTING CAL			M. MONTH	DAY YEAR		JOKY OCCORN	LED TENTER NATURE OF	INJURY IN HEM I	O PART I ON PART 2)	
1/	MEDICAL	(IF EITHER, NOTIFY MEDICAL			.M. OF INJURY	19	21f LOCATIO	201				
0	ME	WHILE NOT WHILE			REET, FACTORY OFFICE	, FARM_ETC)	STREET		CITY	RTOWN	COUNTY	STATE
O Z		AT WORK AT WORK				4/10	neh	27	in Menc	00	10 84	
ži.		22a. I certify that (1)				271		_, 19_9_	eoth occurred on the			, tho (1) (we) lost
B 2		sow the deceased above (I) (we) (did) (aid not)	view the body	ofter death.	,	DEGREE	(oor) opinion c	geom occorred on n	e dote ond n		
T. If he		22L-SIGHATORE	in	2	266		100	ATTENDING PHYSICIAN	MEDICAL STREET	STAFF YSICIAN []	3/	7 PY
MPORTANT TAME		224. PHYSICIAN'S NAM	E (TYPE OR I	PRINT)			22e ADDRES	100	4		1	
		Dr. Davis	Hah	n M	D		560	1 has	h Rave	n B	lud.	21239
		SURIAL, CREMATION, RE			230	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION			
	(Burial		3/9/			Ridge		Pikes	sville	COUNTY	MD STATE
/83	24 FU	JNERAL DIRECTOR He	nrv						E REC'D. BY REGISTI	RAR 25b. REG	ISTRAR'S SIGNA	ATURE
. 00		1005 Vanis						1.4	AD 0 100	A July	ia Davidson	- Andell

T I by meet a se I LIE - REV ------

TO HOSFITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after retained by the hospital or ottending physician.

STATE OF MARYLAND	6	- 9	. 2	. 3	P
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	U	1	(,)	En	6
CERTIFICATE OF DEATH					

FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTH AND W	MENTAL HYGIE	NE 0 7 5 2	2 2	
1. DECEASED NAME (TYPE OR PRINT)	William-	F'.	Weiner		3-31-84	31 84-	1038 Am
Male	LOVE LOVE	unima	5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY) YR		HOURS MIN.
76. BIRTHPLACE (STATE COUNTRY) Virginia		F WHAT COUNTRY?	MARRIED NEVER M	AARRIED 7	Baltimore city or coul Baltimor		MD
Baltimor	DEATH IN NAME O	SUCH FACILITY, GIVE STREET A	al	ITUTION I	20. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN Chauffeur	IG LIFE) INDUSTRY	BUSINESS OR
USUAL RESIDENCE (IF 130. STATE Md.	NURSING HOME OR OTHER INSTITUTE	Baltimo	re YESKE	NO []	s street address	_	
George V	leiner MDDLE	LAST		MAIDENNAME FIRST Lian Pr	offitt_	LAST	
160 WAS DECEASED E (YES, NO OR UNKNOWN NO	VER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)				ADDRESS er 4116 Eier	2120 man Ave	
0.0	ony, which immediate lating the puse lost. (c)_ SIGNIFICANT CONDITIONS	SQ NAMOU	NCE OF ON ON ON THE LATED	MIOI		GIVEN PART TO	
OR CONTRACTOR	CAUSE OF DEATH HOUR		Y YEAR	JURY OCCURRED	YES NO P	YES	NO 🗆
21d. INJURY OCC	URRED 21e. PLAC	P.M. E OF INJURY STREET, FACTORY, OFFICE, FA	19 211 LOCATIO	N	CITY OR TOWN	COUNTY	STATE
220.1 certify tho	t (I) (this haspital) attended cased alive an		3/3 0 , and that in (my)	. 19 59 (aur) apinion de	ta 3/3/ oth accurred on the date and		
No	S NAME (1991 OF ME)	Mark	A		MEDICAL STAFF DIRECTOR PHYSICIAN	1 3/3	1/84
230. BURYAL, CREMATI (SPECIFY) Burial	ON, REMOVAL 236 DATE		AME OF CEMETERY OR C		Balto., M	COUNTY	STATE
4/82 PSCHIMITE	k Funeral H	Home, ADInc			REC'D. BY REGISTRAR 256 REG	id GISTRAR'S SIGNATU a Daydon	andell.

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2a DATE OF DEATH 2b. HOUR 9:21A .. MARCH2, 1984 IF UNDER I YEAR IF UNDER 24 HRS YRS 9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR Solvices

BALTIMORE CITY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21

COUNTY

four ppinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

24 FUNERAL DIRECTOR

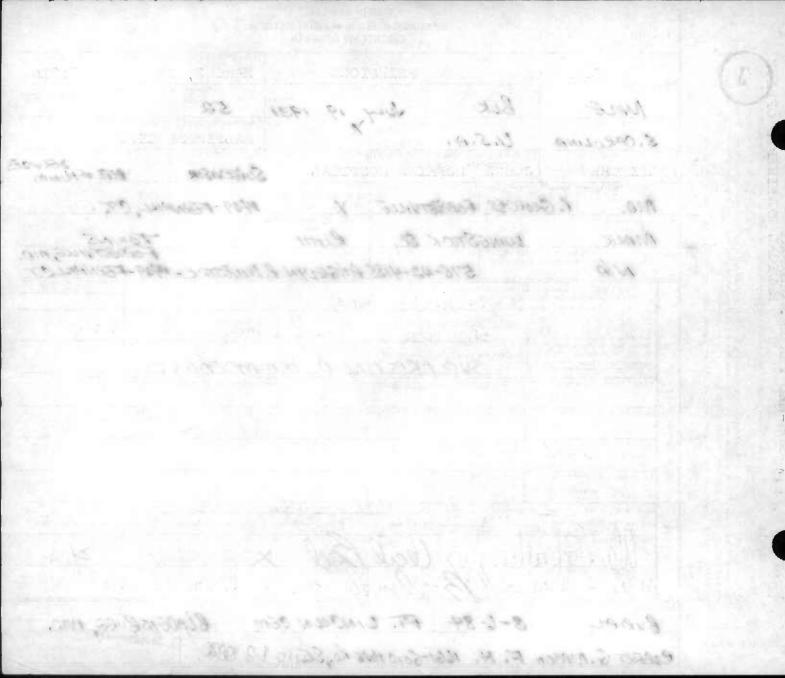
FOR

- STATE

REGISTRAR

1. DECEASED NAME

DHMH - 16 50M 4/83 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

completely filled in by the functory

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)	1	.)	2	Cul

	REGISTRAR				CEKITE	ICATE OF	PEATH	REG.	NO.				
	CEASED NAME	FIRST	٨	NIDDLE	- 1	LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	26. HOUR	
(TYPE	OR PRINT)	RANDO	DLPH	В.	WEI	LLS		MA	ARCH 3.	. 198	34	11:15A	M
3. SE	X	4	RACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER	DAYS	IF UNDER 24 H	RS.
	Male		В1	ack	1 2		21	6.2	YRS.		DAYS	HOURS	174.
7a. Bi	RTHPLACE (STATE OR	FOREIGN 7	. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	A APPIED	9. BALTIMORE CITY	OR COUNT	Y OF DE	ATH	3111	
V	irginia		U.S	. A.	WIDOWE		VORCED	BALTIMO	RE CI	TY,			MD.
10. CI	ALTIMORE	ATH 1	(IF NOT IN SUC	OSPITAL, NURSIN HEACHITY, GIVE STREET A HOME	ADDRESS)		TITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS			KIND OF USTRY	BUSINESS	OR
13a. S	al residence (# Nurs state Maryland	13b COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltim	N	13d. INSIDE C	NO 🗌	130. STREET ADDRES	sison	Hig	hwa	y 212	13
14, FA	Ellis		W.	Wells		Ma	S MAIDEN NAI FIRST T1e	L.			Tay		
	WAS DECEASED EVER		ED FORCES?	16b. SOCIAL SECU		17. INFORMA			DRESS				
	NO	1		213-18-	8497	Barb	ara A.	Wells 1	306 E				
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).								86	APPROXIA	MATE INTERVAL	тн	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIOPULMONARY ARREST								M	MINUTES			
	Canditians, if any, which gave rise to immediate cause (a), stating the												
	underlying cause last. (c) WIDELY METASTATIC CARCINOMA OF LUNG										_		
NO	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS <u>CC</u>	INTRIBUTING TO D	<u>ING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION						SIVEN IN PART 110		
CERTIFICATION	190 DATE OF OPERATION 196. CONDI			ITION FOR WHICH OPERATION WAS PERFORMED				200. AUTOPSY? 200. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI YES NOX					
	OR CONTRIBUTING	10. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.				214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1					PART 2)		
MEDICAL		MILE		EET, FACTORY, OFFICE, F		21f. LOCATI	T	CITY OI	I TOWN	COU	YTM	STATE	
	220.1 certify that (1) this haspital) attended the deceased from FERRIARY 19, 19, 84, to MARCH 3, 19, 84, that (1) was last saw the deceased alive an MARCH 3, 19, 84, ond that in (my) our opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did-not) view the body office death.												
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										ARCH	3,19	34
		NISI,				BROAD	WAY, BA	CH HOSPITA			ION, 2123		1.
23a. I	BURIAL, CREMATION,	REMOVAL	3/7/8	34 Ba	lame of c	EMETERY OR	CREMATORY	y Ball Tim		COUNT	Y	Md. STATE	
	m C Marc	h F/E	Inc.	110 PDREE.	Nort	h Aye	250 MA	REO 5 1982	AR 298. DEGIS	Davids	IGNA	andere.	

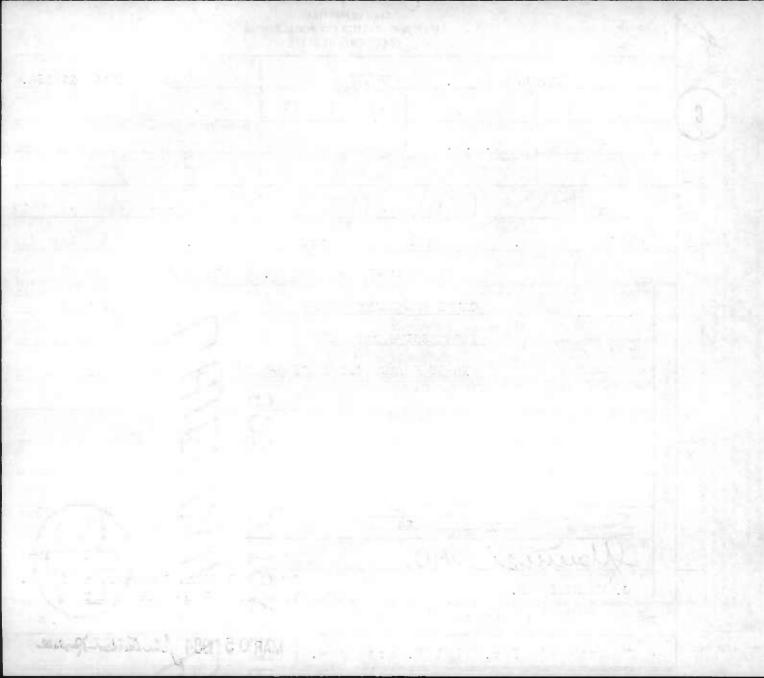
DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the haspital ar attending physician

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked at Item 18 shows any



3	1.	FOR STATE REGISTRAR		DEPARTM	AENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG HICATE OF DEATH		2 2 5
nay be page 3 death		CEASED NAME FIRST	n	MIDDLE F.		elsh sr.	REG. N 2a. DATE OF DEATH	O. MONTH DAY YEA 3 9 8
4 ma	3 SE	MALE	4 RACE WH	ITE	S DATE C		6. AGE (IN YEARS LAST BIR	THDAY] IF UNDER 1
No.		IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.	SA.	WIDOWE		BALTIMORE CITY O	-
10	10 C	BALTO.	SIF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET A	ADDRESSI	POSE	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF TRUCK BU	F WORKING LIFE! INDUS
AND 212	USU 13a.	AL RESIDENCE (IF NURS OF MESTATE SOL	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	N	134 INSIDE CITY LIMITS? YES NO 🔄	13. STREET ADDRESS	
MARYL Sutted with	14. F.	ATHER'S NAME FIRST TOHN	MIDDLE A	WELS	SH	15. MOTHER'S MAIDEN NAME FIRST	WE	600
TIMORE, the many or plant or p		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN] (1/F YES, G	RMED FORCES? NE WAR OR DATES!	219-32-6		CARL WELS	ADDR	HILLTOP DR
y, 201 W. PRESTON ST., BAL quires that the death certifica gned by the attending physic please remove carbon papers burial, cremation, or removal njury, or other traumatic ever	7	PART 2 OTHER SIGNIFICANT	DUE TO, C DUE TO, C DUE TO, C DUE TO, C	CANCUL Y DRAS A CONSEQUE A CONSEQUE	NCE OF	WATOSEPSE.	FAILURS S INAL DISEASE OR CON	MITY
it The law records, then been sincernic. Then been sincernic to in show or in show or in show or in show or in the same prior to in show or in the same prior to in the same prior to in the same prior to in the same prior to in the same prior to in the same prior to in the same prior to in the same prior to in the same prior to in the same prior to in the same prior to in the same prior to interest the same prior to interes	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	200. IF YES, WERE FI
DIVISION OF VITAL DING PHYSICIAM: Hending physician After this certificate After this certificate at the burnel: remain pour int and Mental Hyges marked or term 18 x		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE		RY IN ITEM 18, PART I OR PAR
DIVISION DIVISION DIVISION Thenching In the burn th The and th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY
AATTEN sottal or a RECTOR I for use it of Hea		220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did r	71		,	7 , 19 X 7 , 19 X 7 , 19 X 9 X 9 , 19 X	death occurred an the d	
PATALEN DV the hoa PRAL DIII Getuched Situte Dep		226 SIGNATURE 10 5 6 6 226 PHYSICIAN'S NAME (TYPE	Valo			ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC	FF CIAN D
TO HOSPIT stained by I TO FUNER! TO FUNER! with the Stain MPORTAN		S.E. VA	DONE			BCH		
BP		BURIAL, CREMATION, REMOVA ISPECIFY) BURIAL		2/84 BLN		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	BALTO
DHMH-16 25M (VRA 15, 4) 1/79	14 6	UNERAL DIRECTOR	ONERA	L HOME	OF D	UNDALK M	AR 1 4 1984	Julia Davids

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] YES [JURY IN ITEM 18, PART 1 OR PART 2) OWN COUNTY STATE 19 8 9, that (1) (we) lost date and hour and from the causes stated 22c DATE SIGNED SICIAN STATE BALTO mD MAR 1 4 1984

OR COUNTY OF DEATH

YEAR

IF UNDER I YEAR

INDUSTRY

MARINE AVE. 21219

HILLTOP DR. 21

MONTHS DAYS

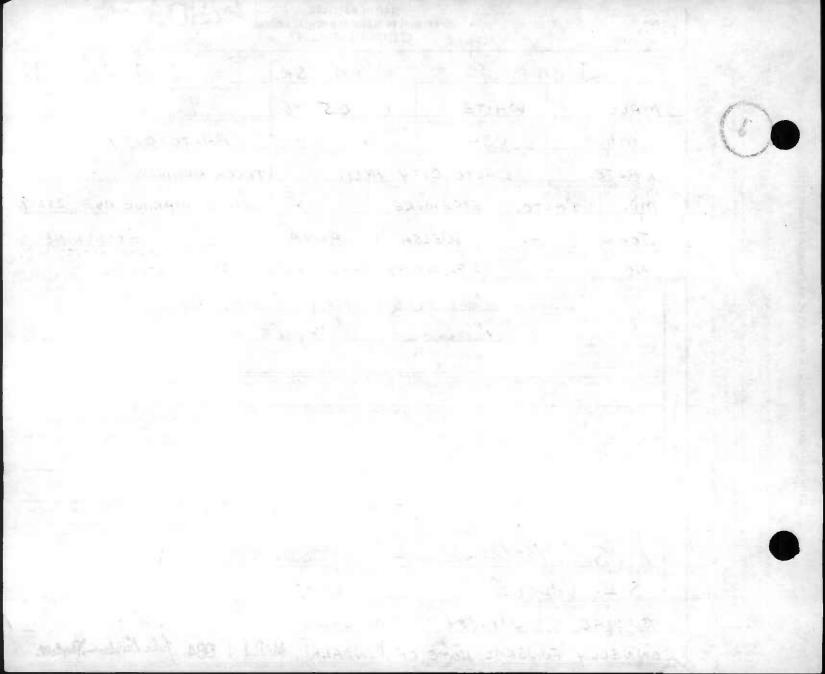
25. HOUR

HOURS

12% KIND OF BUSINESS OR

IF UNDER 24 HRS

MD.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in pyshauld be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages I and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or from 88 shows ony injury, ar other traumatic event, th

FOR STATE REGISTRAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	-3	Sinte	0

	REGISTRAR		CERTIFICA	L OI DEATH	REG. NO).					
	CEASED NAME FIRST	MIDDLE	LAST	11	20. DATE OF DEATH	MONTH DAY		26 HOUR			
(libe	alphons	o s.	wheat fo	ill	3	3	84	7:15 Am			
3. SE		4 RACE	5. DATE OF BIR		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS.			
w	rale	black	MONTH	DAY YEAR	H5	YRS.	NIHS DAYS	HOURS MIN.			
-	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NITDY2 1	70 O B	9 BALTIMORE CITY OF		FDEATH				
W 40 1	lary land	115	WIDOWED []	NEVER MARRIED X		ORL	CITY	MD.			
10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		HER INSTITUTION	12a USUAL OCCUPATION		12b. KIND O	F BUSINESS OR			
1	Maryland	(IF NOT IN SUCH FACILITY, GIV	Y HOSP	ITAL	1 memolo	UPC	INDUSTRI				
USU	AL RESIDENCE (IF NURSING HOME OR			INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIR CODE					
	arvland			NO [le Av	e:21207			
14. FA	THER'S NAMULLARD	MIDDLE . LA	WILKES 15. A	OTHER'S MAIDEN N	AME		1.05				
	(Bar HELD)	(Jon	(es) (BASALF	OSALEE MIDDLE	W	heati	Fall			
	VAS DECEASED EVER IN U.S. AR		L SECURITY NO. 17 II	VFORMANT	ADDRE	SS					
(YES, NO OR UNKNOWN) (IF YES, GIV	e war or dates) 2/9-	26-9650 B	eatrice '	Wilkes 520	8 Bell	levil	le Ave.			
	18. CAUSE OF DEATH (Enter on	ly one couse per line for (a),	(b), and (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH			
	PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) NOS PRANORAY PASTAGES Cardiopul Collapse										
	Conditions, if any, which (h) Metaboli Cacidosis & GI bleed										
	gove rise to immediate										
	underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0										
N N	hypergl										
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WA	S PERFORMED	200 AUTOPSY?/	206. IF YES, V		NGS USED OF DEATH?			
TE					YES NO	YES [NO [
ER L	210. ACCIDENT WAS UNDERLYING	1	216	HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	() OR PART 2)				
A.	OR CONTRIBUTING CAUSE OF DEA	(III	H DAT TEAR								
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		LOCATION	CITY OF TOV		COUNTY	STATE			
ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY ON TON	414	COUNTY	STATE			
	22a I certify that (I) (this haspi	tal) attended the deceased	from 3/30	. 19	4 10 3/31	, 19	84	that (I) (we) last			
	saw the deceased alive on	2121	CZITI	it in (my) (our) opinia	n death occurred on the do	ite and hour a	ind from the	causes stated			
	226. SIGNATURE	1 - 0 O	DEGR	EE			22c DAVE	SIGNED			
	K. W	lection		ATTENDING PHYSICIAN	MEDICAL STAF		13/3	3/			
1	224 PHYSICIAN'S NAME (TYPE O	IR PRINT)	22e.	ADDRESS	term of the		0	49750			
	K. Mec	KLUL		Univo	rsity 1	10501	ta				
23a. §	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMET	ERY OR CREMATORY	234 LOCATION			EZAZE			
	BURIAL	4/6/84	Mount Au	burn Cem	. Baltimo	re,	COUNTY	Md.			
24 F	UNERAL DIRECTOR		Darie	25a. D	ATE REC'D. BY REGISTRAR	2510 REGISTRA	R'S SIGNAT	URE			
W:	m C March F/H	I Inc. 110î	E North	AvenueAF	r 2 1984	Juna Day	udson-1	andelle			

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician.

N W TO P. 25010 back half WHINESTY HOSPITAL WILLIAMSHOULD Aural pard Garchine) Jones Mount 219-26-7160 Altquiratery Shidays Colleged Colleges THE MIRE IN CREATURES & GT HEEK TELE FIX ONLE X medler K. Meckerye

DERADIA		E OF MARYLAN EALTH AND MI	2.0	()	7 5	2	1		
DEPARIN		ICATE OF DE		IENE C	DEC N	_	West of		
	i.	ASI		2a. DATE OF	REG. N	MONTH	DAY YEAR	Zb. HOU	IR
	1116	relei	- Jc	3	2	8	84	9:20	PM
_	5. DATE O	PE BIRTH	VEAR 02	6. AGE (INY	EARS LAST BIR	THDAY) YRS.	IF UNDER TYEAR	IF UNDER	24 HRS MIN.
T COUNTRY?	MARRIEI WIDOWE	NEVER MA	ARRIED DRCED	9 BALTIMO	RECITY O	e C	Y OF DEATH		MD.
PITAL, NURSING		Cancer (exter	12a USUAL (TYPE OF WOR			1/2b. KIND C INDUSTRY	OF BUSINE	SSOR
RESIDENCE BEFORE CITY OR TOWI	N	13d INSIDE CITY	Y LIMITS?	13e STREET	ADDRESS	RIP COL	Ave i	237 Apt.	162
wheel	er	15. MOTHER'S A	RST	ncis	WIDDLE		1-10	war	d
SOCIAL SECU	RITY NO.	17 INFORMAN WIF	Jessa 200		Whee	ler venu	ie Api	.16	23
for 101, (b), one	dici.)	Arres-	+			•	BETWEEN	ONSET AND	RVAL DEATH
A CONSEQUE	NCE OF	-41							
A CONSEQUE	NCE OF								
RIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	INAL DISEAS	E OR CON	DITION G	IVEN IN PART 1	0	
FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTO	NOE	IN CERT	ES, WERE FINDI	NGS USEI OF DEAT	D IH?
JURY MONTH DA	Y YEAR	2ic HOW INJU	JRY OCCURE	RED (ENTERNA	TURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
NJURY ACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	1		CITY OR TO	own /	COUNTY	4	STATE
ceosed from	rey or	29 nd that in (my) (a	19 Nour) opinion (deoth occurre	ed on the d	ote and ha		that (1) (
/ /	10	DEGREE	TENDING	MEDICAL	STA	FF \$	22c DATE	SIGNED	

	1-	STATE REGISTRAR		DEPARTA		ICATE OF D	EATH	IENE -	REG. NO.			
		CEASED NAME FIRST OR PRINT) Bent	MII C	DDLE	11/6	sele.	Tr	20. DATE OF		VAD Y	YEAR	26 HOUR 9:20 PM
,	3. SEX	nale	1 RACE Black	C	5. DATE O		YEAR 2	8		MONTHS RS.		IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE ISTATEOREGEN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIED WIDOWE	NEVER M		01	RECITY OR COL	CIT-	EATH	440
3		TY OR TOWN OF DEATH		OSPITAL, NURSIN	IG HOME O	R OTHER INST		12a USUAL C	OCCUPATION FOR MOST OF WORKI		KIND OF	MD. F BUSINESS OR
5	130. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUP	OTHER INSTITUTION	3 CITY OR TOW		13d. INSIDE CI	TY LIMITS?	2000	ADDRESS / RIP (CODE A	212 18 A	37 pt.162
36	14. FA	ALB-ent	MIDDLE	whee	ler	IS. MOTHER S	IRST	ncis	MIDDLE	Fr _p	HOL	ward
9	(1		MED FORCES?	66. SOCIAL SECU 218,097	ZZZZ	17 INFORMAL	Jessa 200	mine 0 Ode	Wheele:	r nue	Apt	.1623
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR DUE TO, OR DUE TO, OR (b)	AS A CONSEQUE	ENCE OF		7					
7	CERTIFICATION	PART 2. OTHER SIGNIFICANT (ON FOR WHICH				200 AUTO	DPSY? 20b. I	F YES, WER	E FINDIN	
1	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED	A117	. MONTH DA	AY YEAR	21c. HOW IN.		RED (ENTER NA	TURE OF INJURY IN ITE.	m 18 PART I OB	R PART 2)	•
ď	MED	WHILE NOT WHILE AT WORK		T, FACTORY, OFFICE, F	FARM, ETC)	STREET			CITY OR TOWN	cc	YINUC	STATE
		27e. I certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (3/26/	184 195		DEGREE	TTENDING	MEDICAL	d on the date one	hour ond		
/		22d PHYSICIAN'S NAME UMPER	OR PRINT)	Fromas	E	22. S.		Street	Bah	inot	o M	20-
		BURIAL, CREMATION, REMOVAL	23b. DATE 4/2/		_	EMETERY OR C		23d 10CA	OR TOWN	COUP	NIY	Md ^{STAYE}

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Hem 21 is marked at III in 18 thousany injury, or other troumotic event, the

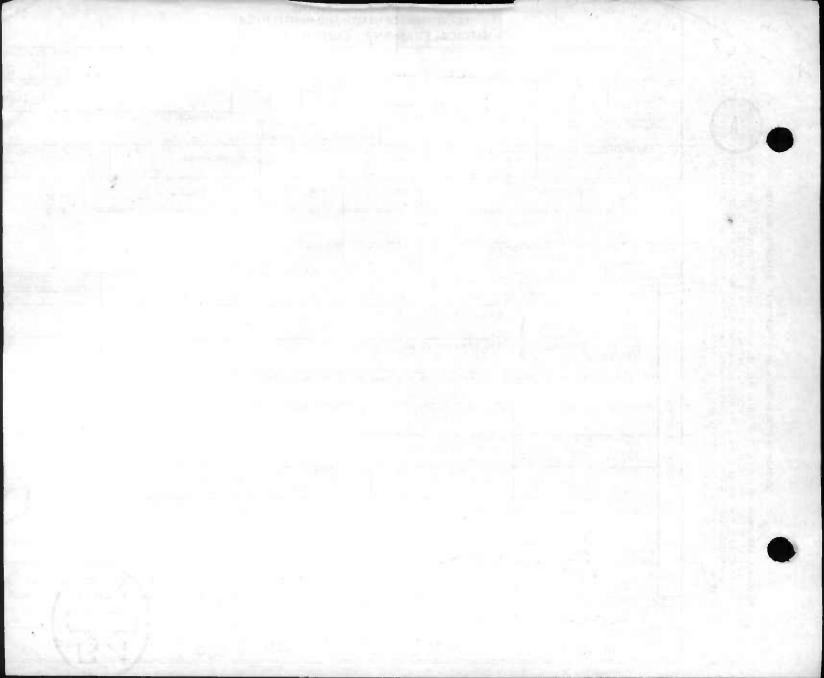
TO HOSPITAL OR ATTENDING PHYSICIAN: The tow etoined by the hospital or attending physician

Wm C March F/H Inc. 1101 E North Avenue

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAR 30 1984 Julia Davidson R

Both or the showing of the has been letter a through mayor Branch Burners of a second Part State Commence



STATE OF MARYLAND

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	23	Comme	7

	1-	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	b. HOUR		
	(TYPE	ORPRINT) HILI	DA C	WHITAKER		03 18	84	7:10,PI		
	3. SEX	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B			F UNDER 24 HRS		
- 3	电影	FONDIO	Blook	1	rear	MONTHS	DAYS H	OURS MIN.		
57	7n BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	- 9 BALTIMORE CITY	OR COUNTY OF DE	ATH			
5		EOUNTRY)	2/00	MARRIED L NEVER MARR	BALTIMOR	RE CITY				
4	10000	$f(0)Q_{i}$	1115,17,	WIDOWED P DIVORC		Total Total		MD.		
3		BALTIMORE		NURSING HOME OR OTHER INSTITUT VESTOPKINS HOSPIT			OUSTRY H	BUSINESSOR		
6	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD STATE 137 COU	NTY 13c CITY O		□ 1826 E.E	3iddleS	L. 2	1213		
87	21.	Clames	Cole	MAN Gent	soude.	C	2120	e32		
82		VAS DECEASED EVER IN U.S. AF		AL SECURITY NO. 17 INFORMANT	ADDI	₹ESS		,		
15		YES, NO OR UNKNOWN) (IF YES, GI	DIZ-11	6-6158 WX The MA	Branch 131	5N.LINV	unna	AVP.		
0		18 CAUSE OF DEATH (Enter of	nly one cours per line for (a)	(h) and (c)			APPROXIMA	TE INTERVAL SET AND DEATH		
7	e'(PART I. DEATH WAS CAUSE	ED BY:	Cardinoulum	ANA AVEOR	+ 7	/And	ET AND DEATH		
	30	IMMEDIA	TE CAUSE (o)	Car agopalmo	cary wires	1	1 Com			
	130	量サスプS	DUE TO, OR AS A COM	NSEOUENCE OF		F3 / F3				
- 6	355	Conditions, if ony, which	(b)							
	, 74.	couse (o), stoting the	DUE TO, OR AS A COM	NSEQUENCE OF						
		underlying couse lost.	((c)							
		PART 2. OTHER SIGNIFICANT	(6)	NG TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE OR COL	NDITION GIVEN IN	PART I(o			
	Z	DIA	BETES MI	ELLITUS						
-	CATION	190 DATE OF OPERATION	10h CONDITION FOR	WHICH OPERATION WAS PERFORMED	D 20m AUTOPSY?	20b. IF YES, WERI	FEINDING	STISED		
4	LE .	THE DATE OF OTERATION	178. CONDITION TOX	WHICH OF EXAMENT WAS TEXT OR WILL		IN CERTIFYING	CAUSES OF	F DEATH?		
-	CERTIFI				YES NOW	YES 🗌		NO 🗆		
a		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE		TH DAY YEAR	OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR	PART 2)			
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19						
-	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	211 LOCATION	CITY OR I	IOWN CC	UNTY	STATE		
1	2	AT WORK NOT WHILE	TAT HOME, STREET, PACTORY,	OFFICE, PARM, ETC)						
		22a 1 certify that (I) (this hosp	oital) attended the deceased	from 3/18 19	84 to 3/1	18 19 8	the the	(I) (we) lost		
			n 3//8 ot) view the body ofter death	61.0	opinion death occurred on the	date and hour and f				
	2	obove (1) (we) (did) (did no	ot) view the body ofter deoth	DEGREE		12/	C. DATE SIC	CNED		
		1	Last.		IDING MEDICAL ST	AFF .				
-		Kover	1 y surve		ICIAN DIRECTOR PHYS	ICIAN 🔀	3-18	-87		
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINTY	22e ADDRESS						
1		KOBERT	J. SLIM.	AN JOH	US HOPKIN:	S HOSPI	TAC			
1		BURIAL, CREMATION, REMOVAL			ATORY 23d. LOCATION					
	1	BUN121	3-22-84	Arbutus Men.	DR ALLES	COUN	TY	MY STATE		
	24. FL	UNERAL DIRECTOR	1 N N N N N	171-1511-115196101	25a. DATE REC'D. BY REGISTRA	R 25b. REGISTRAP'S	SIGNATUR	VL		
		NAME PRIVATE	D. Callint :	DORESS COPI AND ST	MAR 23 1984	La Navida	m-Pank	della		

DHMH - 16 50M 4/B (VRA 15, 4)

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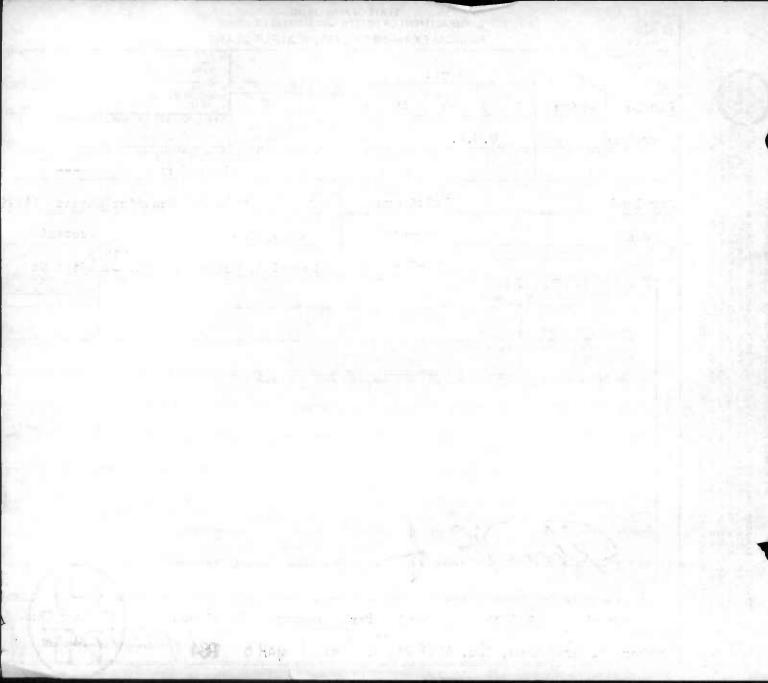
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

REGISTRAR		MED	OICAL EXAM	INER'S	CERTIFICATE O	F DEATH	REG. NO.		
TYPE OF PRINT	FIRST		WIDDIE		LAST	2a. DATE	E KNOWN X	MONTH DAY Y	EAR 26 HOUR
1111	Doris	ľ	Marie	7	White		H MATED	3/2/84 19	
Female (White	5. DATE OF BIRTH	39 LAST BIR	RTHDAY) MONT		24 HRS. 2t. DA MIN PRONOI DEA	UNCED		YEAR 24 HOUR
70. BIRTHPLACE (STA	ATE OR	76 CITIZEN OF WH	AT COUNTRY?	8. MARE	RIED THE NEVER MARRI	9. BALT	MORE CITY OR	COUNTY OF DEAT	Н
Maryland		U.S.A	Α.		WED DIVORCE		ltimore	City	MD
Baltimo	ore	3368 S	PITAL, NURSING HO CILITY, GIVE STREET ADDRE T. Benedi	ct Ave		12a USUAL OCC FOR MOST OF W	UPATION ITYPE		F BUSINESS
Maryland	IF IN NURSING HOME OF	r other institution, givi Ty	Baltimo	'N	13d. INSIDE CITY LIMITS?	13e. STREET ADD		lict Stree	t 2122
14. FATHER'S NAME FIRST Santo		MIDDLE	Navarri.		15 MOTHER'S MAIDE Joseph		WIDDLE	Prot	ani
160. WAS DECEASED (YES, NO, OR UNKNOW NO			217-34-		Richard E	E. White	ADDRESS 3368 St	21229 E. Benedic	t St.
PART 2 OTHER SIGN			ON FOR WHICH O		SE OR CONDITION GIVEN IN PAI WAS PERFORMED?	RT 1 (a).		20. AUTO	
21a. EXTERNAL	CALISEWAS	21b. TIME OF	INTURY	121. 6	OW IN HIRV OCCUPAT	D			□ NO 💢
S UNDERLYING CONTRIBUTION	X OR IG ☐ CAUSE OF D	HOUR A.M.	3/2/84 19	EAR	subject cut		INJURY IN ITEM 18 PA	ORFARTZ)	
WHILE AT WORK	NOT WHILE X	STREET, FACTO	OF INJURY LATHOME ORY, FARM, ETC.) OME		street 58 St. Bened	dict Ave		o. City, M	id.
220. I certify death resulted		e of the remains desc	Adcident .	Suicide \(\sum_{\text{\tin}\text{\tetx{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\text{\text{\texicl{\texicl{\texit{\texit{\text{\tet{\text{\text{\texi{\texi{\texi{\texi}\texi{\texi{\texi{\t	-	Undetermined	manner .	DATE SIGNED 3/3	3/84
EXAMINER'S N (TYPE OR PRIN	IT)T	homas D.		D.	ADDRESS 111	Penn St.	, Balto.	., Md. 212	
23a.BURIAL, CREMATI (SPECIFY) Buri	la1	3/6/84			k Cemetery	Baltim	ore		yland
24 FUNERAL DIRECT	or Funeral F	Home, Inc.	4107 Wi	21229 lkens	Ave. MAR	REC'D. BY REGISTI	A Julia	Dandson Hank	delle

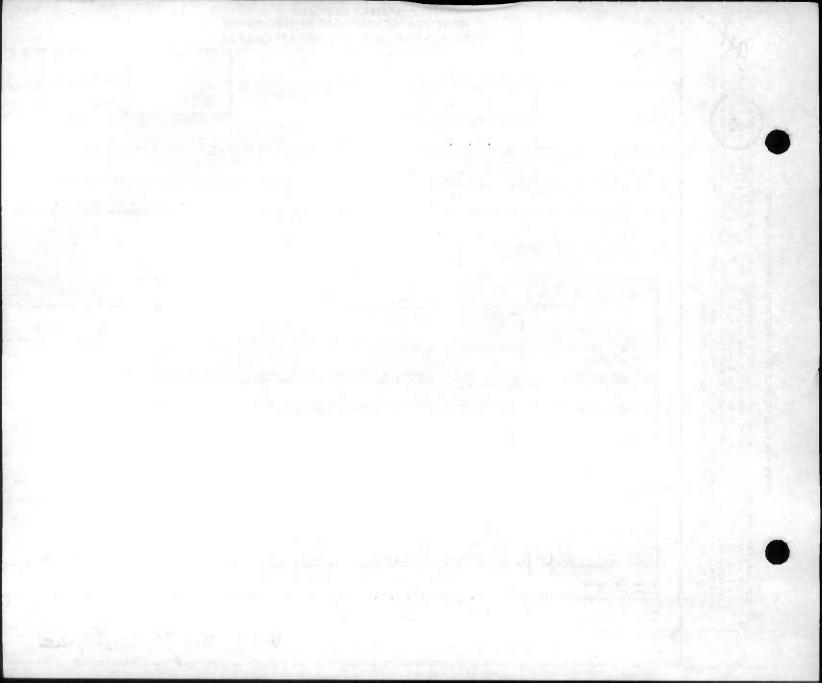
DHMH - 17 (VR A15 ME (5)) 20M 4/82



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD."FINDING" IN PENCIL IN 1TEM 18 GIVE PAGES 1, 2, AND 31 OT THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENG, DIVISION OF VITA, RECORDS, 201
	CERTIFICA ULD BE FO DIRECTOR
	TO MEDICAL EXECUTE THE PAGE US SHO TO FUNERAL

20M 4/B2

		FOR STATE	D	STA EPARTMENT OF	TE OF MA	ARYLAND AND MENTAL	HYGIENE 7	5 3	1	
nx		REGISTRAR	MED	ICAL EXAMIN	IER'S CE	RTIFICATE	OF DEATH	REG. NO.		
5		CEASED NAME FIRST		MIDDLE	LA	sr	20. DATE KI	NOWN M	ONTH DAY YEAR	2h HOUR
深层和表件			BERT	0.	WHI	TE SR.		AATED XX	3-21-849	M
A DESCRIPTION OF THE PROPERTY	3. SEX		S. DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD	EARS IF UND	ER TYR. IF UNDER		MC MC	ONTH DAY YEAR	2d HOUR
5835	m	ale Black	6 17		RS. MONTHS	DAYS HOURS	MIN. PRONOUNC		3-25-849	1:47R
る 主 クァ		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRIEI	NEVER MARE	9. BALTIMO	RE CITY OR C	OUNTY OF DEATH	
DESERTION OF THE PROPERTY OF T		laryland	U.S.A	Α.	WIDOWE		5	imore C	itv	MD
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOM	_,		126. USUAL OCCUPA FOR MOST OF WORKI	TION (TYPE OF V		USINESS
A DA HA	В	altimore LL RESIDENCE (IF IN NURSING HOME O	3019 P	resbury S	Stree	t				
ANY DELA AND 3 TO AND 3 TO RETAIN P COULD BE FECORDS	13a. S			13c. CITY OR TOWN	1:	3d. INSIDE CITY LIMITS?	13e STREET ADDRES			
A S S S S S S S S S S S S S S S S S S S	-	laryland		Baltimo	re	YES X NO	3019 P	resbur	y St. 21	217
TAN NAM	14. FA	THER'S NAME	MIDDLE	LAST	1	5. MOTHER'S MAID FIRST	EN NAME	DLE	LAST	1811
533 41.		Willie		White	l.	Margar	et		White	
ON STANDER OF STANDER	16a. V	VAS DECEASED EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT		7. INFORMANT		ADDRESS		
JRS AFTER 3. GIVE PA WITH FOR DIVISION		YES		228-20-5	5471	Herbert	O. White	1217	E. Northe	rnPkw
JUD BE EXECUTED WITHIN 24 H "PENDING". IN PENCIL IN ITEM "PENDING". IN PENCIL IN ITEM ED AS A BURIAL TRANSIT PER HEATH AND MENTAL HYGIEN L, CREMATION, OR REMOVAL.	NOI	4 2 92 IMMEDIA Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	(b) DUE TO, OR A	rioscleroti AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TERM	OF OF					
SHOULD VORD "PE VORD "PE CHIEF A BE USED VI VI OF HEA	FICAT	190. DATE OF OPERATION	19b. CONDITI	ION FOR WHICH OPE	RATION WA	S PERFORMED?			20 AUTOPS	Y? NoXX
CERTIFICATE SPITING THE WOODED TO THE CESTS SHOULD BE DEPARTMENT I PRIOR TO BUILD BE TO BUILD BE TO BUILD BE TO BUILD BE TO BUILD BE TO BUILD BU	MEDICAL CERTIFICATION	ZIII EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF ZIII INJURY OCCURRED WHILE ON OUT WHILE	DEATH P.M.	MONTH DAY YEA		ATION	ED LENTER NATURE OF INJUI			STATE
THIS E, WR WAR PAGE STATE		WHILE NOT WHILE AT WORK					[v] [_		
CAL EXAMINER: THE CERTIFICATE SHOULD BE FOR RAL DIRECTOR: ATH, WITH THE RE, MARYLAND,		27a T certify that I taak charged death resulted fram: ACTUAL SIGNATURE			Autapsy uicide .	Hamicide , TITLE (SPECIFY)	Undetermined man	ner ,	DATE SIGNED 3-26	5-84
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, M		EXAMINER'S NAME (TYPE OR PRINT) Mar	garita A.	Korell,M.)A	DDRESS11	1 Penn Stre	eet		
BP PEED	23a.B	URIAL, CREMATION, REMOVAL ?	3/30/84	Garris			23d. LOCATION OWING	Mills,	COUNTY	Md.
DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR NAME C March F/H	Inc. 11	01 E Nort	th Av	enue 250. DATE	AR 2 9 1984	250 REGISTE	AR'S SIGNATURE	2



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	7		5	13
		11/	Name of Street	-

		FOR	
ı	_	STATE	
		PEGISTRAR	

1 DECEASED NAME (TYPE OR PRINT)

BIRTHPLACE

m

SEX

CERTIFICATE OF DEATH

MIDDLE

76. CITIZEN OF WHAT COUNTRY?

Roland

4. RACE

REG. N	NO.				
20. DATE OF DEATH	HINOM	DAY	YEAR	2b HOL	JR .
	3	10	84	7	50
6 AGE (IN YEARS LAST B	RTHDAY)	IF UN	NDER TYEAR	IF UNDER	24 HR
81		MONT	HS DAYS	HOUR5	MIN

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medico other troumotic event, or Hem 18 shows should be detoched for use as the with the State Dept. of Health and TO FUNERAL DIRECTOR:

MPORTANT: If Hem 21 is

DHMH - 16 50M 4/83 (VRA 15, 4)

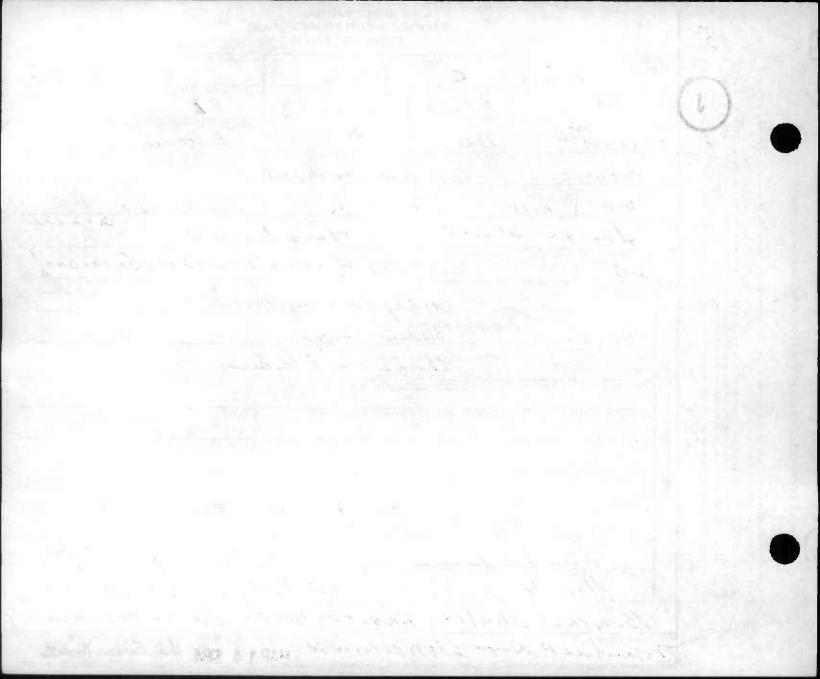
ATTENDING PHYSICIAN:

etained by the hospital

130. 3	MD	Bal	4.	Balt.	YES NO [13e STREET ADDRESS	zip code eridan	Ave
14. F/	ATHER'S NAME	2 N MIDE	といい	190 CLAST	15. MOTHER'S MAIDEN N	Browning	•	2, 12 12
	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMEE		166. SOCIAL SECURITY NO. 2/203047/	17 INFORMANT	2 WAY C	8198N	on san
	18. CAUSE OF DEAT PART I. DEATH W	H (Enter only o AS CAUSED B' IMMEDIATE C	Υ:	line for to), (b), and (c).)	luonary.	Arrest.	В	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	Conditions, if ony, gove rise to imm cause (a), statin	nediote ig the	(b)	AS A CONSTQUENCE OF	Concer.	7		
NO	PART 2. OTHER SIGN	((c) IDITIONS <u>CC</u>	DATRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN F	ART Ita
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		FINDINGS USED AUSES OF DEATH?
EDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	216. TIME OF HOUR A./	M. MONTH DAY YEAR		JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR	PART 7)
MED	21d. INJURY OCCURI	IILE 🗍	21e. PLACE ((AT HOME, STR	EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn col	INTY STATE
	22a. I certify that (1) (this hospital) attended the deceosed from March 9, 19 47, to March 10, 19 47, that (1) (we) lost sow the deceosed alive an 19 19, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (glid) (did not) view the body after death.							
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/10/84.							
	22d. PHYSICIAN'S NA	ame (TYPE OR PR	1	anis	3601 S.	Hanone	St Par	efo MD
23a. I	BURIAL CREMATION,	REMOVAL Z	36. DAJE	184 PRB	CEMETERY OR CREMAJOR	PR CITY YOUNG	ru nguy	カスノオトマ
24. FI	UNERAL DIRECTOR	LPX	Vinge	(334n g)/	en en st 1250. D	AR 1 4 1984	25b. REGISTBAR'S S	GIGNATURE AND PROPERTY OF THE

5. DATE OF BIRTH OZ 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

MISUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)



1	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Joind 2 should be filed within 72 hours after death with the State Death of Health and Mental Haginan print the funeral community or removal	-
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OSPI ed b	d be	RIA
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicis should be detached for use as the busial-transit permit. Then please remove carbon paper with the State Deas of Health and Mental Hazinen arianta busial cremation or removal.	MPORTANI: If them 21 is morked or Item 18 shows any injury, or other troumatic event, the medical examiner must be now first an over-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2.7		4-3	-
	~	C.	3

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	١٥.		11.0
	CEASED NAME FIRST	n'd W. U	ohite	head	20. DATE OF DEATH	3 - 16.	YEAR 26.	HOUR4
3. SEX	X	4. RACE	5. DATE OF		6. AGE IN YEARS LAST B		- DEN TIERR	INDER 2 H
	Male	Black	MONTH 8	03 1920	63	YRS.	THS DAYS HO	UR5 MI
7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.		9 BALTIMORE CITY		DEATH	
,	rginia	U. S. A.	WIDOWED	NEVER MARRIED DIVORCED	Baltimore	e City		
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR		120 USUAL OCCUPAT		126. KIND OF BUI	
Ba	altimore	Provident Hos			Custodian		County :	
13a S	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU aryland	R OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	3d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS Baltimore	/ ZIP CODE 2	539 Fra	ncis
14 FA	THER'S NAME	MIDDIE LAST	1	S. MOTHER'S MAIDEN NA	MIDDLE		IAST	
	Alonzo	Whitehe	ad	Maria	······································		Weaver	
	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE	CURITY NO. 1	7. INFORMANT	ADDR	RESS 2539	Francis	Str
,,	No.	218-18-	0145	Louise J. Wh	itehead Ba	ltimore	. Md. 2	1217
	18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b),	ond (c).)	0			APPROXIMATE BETWEEN ONSET	INTERVAL
NOI		CONDITIONS CONTRIBUTING TO	O DEATH BUT N	OT RELATED TO THE TERA	MINAL DISEASE OR COM	NDITION GIVEN	N PART 110	
CERTIFICATI	19a. DATE OF OPERATION	1% CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	20a AUTOPSY? YES NO		ERE FINDINGS G CAUSES OF D	
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RE HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		II LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	saw the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	oital) attended the deceased from 19 oil view the body after death.	S-4, and	that in (my) (aur) apinion GREE ATTENDING	death occurred on the o	AFF		NED
	224. PHYSICIAN'S NAME (TYPE			22e ADDRESS _			0-6	
	17.00	vados 5		1-400	ident	Hops	104	

DHMH - 16 50M 4/83

BP

2501 Gwynns Falls Pkwy. (VRA 15, 4)

& Sons Funeral Home :
Pkwy. Baltimore, Md. 21216 MAR 20

REGISTRAR 25th REGISTBAR'S SIGNATURE
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	91312	y	2501 Gynns Palls

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral a should be detached for use as the burial-transit permit. Then please remave carbon popers. Pagest-and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, or other traumatic event, th

aPORTANT: If Hem 21 is marked ar Hem 18 shows any

STATE OF MARYLAND -DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE U REG. NO.	4
1. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 2b. HOUR
(TYPE OR PRINT) Hild	a	WHITEHEAD	March 1, 1984	6:30A M
3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Black	12 12 12 YEAR	71 yrs.	ACIVITIS DAYS HOURS MIN.
70 BIRTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTE		Datelinote CT	OF DEATH MD.
Baltimore	11. NAME OF HOSPITAL, NUR JIFNOT IN SUCH FACILITY, GIVE STI Maryland Gene		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR INDUSTRY
OSUAL RESIDENCE (# NURSING HOME 130. STATE 136. CO		OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 701 North Arl	21217 ington Ave.
14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	LAST
(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 16b. SOCIAL SI GIVE WAR OR DATES) 217-16-		ADDRESS 285 ey Whitehead Balt	8 Gatehouse I
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	OVASCULAR ACCIDENT (OUENCE OF	MIN AL DISEASE OR CONDITION GIV	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
TO CONTRIBUTING CAUSE OF CAUSE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (this has sow the deceased alive above (did) (did)	on March 1 Markiew the body-olter deoth.	9_84_, and that in My) (our) opinio	n death accurred on the date and hou	1984, that (X (we) lost rand from the causes stated
226. SIGNATURE	- Lioune		MEDICAL STAFF DIRECTOR PHYSICIAN	3/1/84
22d PHYSICIAN'S NAME (TVI	r Kioune, M.D.		land General Hosp	ital
230. BURIAL, CREMATION, REMOV BURIAL		Name of CEMETERY OF CREMATORY Mount Zion Cem.	Lansdowne,	COUNTY Md STATE
Wm C March F/	H Inc. 1101 E	North Avenue	AR 9 1984 Julia	MAR'S SIGNA TONGER

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physicion.

Mich Crox Elouney M.D.

Signified.

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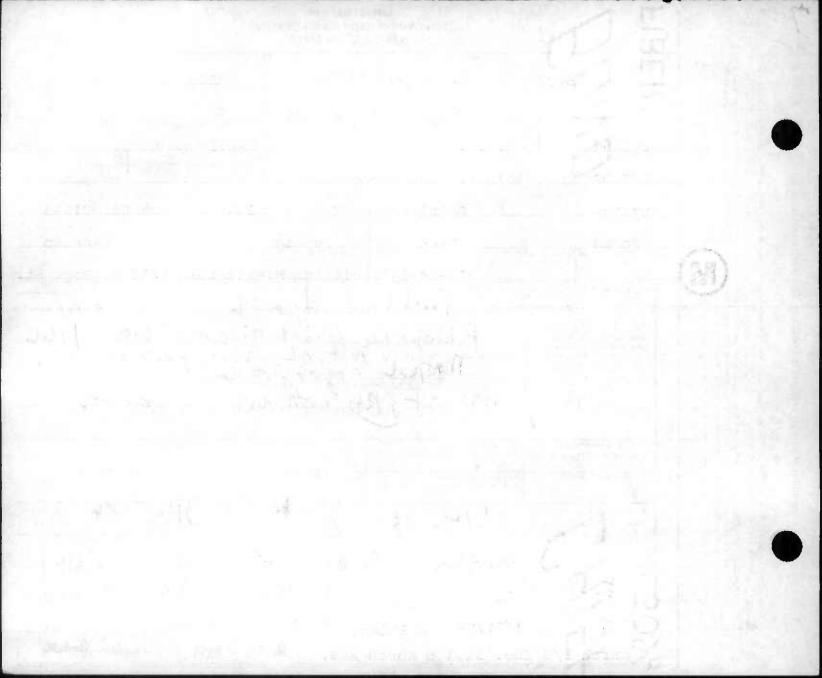
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAI	R		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		
	DECEASED NA	ME FIRST		MIDDLE	1.	AST			EAR 2b. HC
1	(TYPE OR PRINT)	NIA OM	-	D	MILT	TFIELD	WA DOW	16 100	A .
2	. SEX	NAOM:	4 RACE	R.	5. DATE C		MARCH 6. AGE (IN YEARS LAST BIRTI	16. 198	
3.	. SEA		* RACE		MONTH		O. AGE (IN TERROTAST BIRT		DAYS HOURS
MI	Fema	le	B.	lack	3	17 35	48	YRS.	
7.70	BIRTHPLACE	(STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D M NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEA	TH
13	-	- A	II.S	7	WIDOWE		BALTIMORI	e CITY	
1 / 16	Maryla o. city of town	N OF DEATH		HOSPITAL NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO		IND OF BUST
1/1	1			CH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDU	STRY
	BALTIM		1619	N. Port		eet			
ZAY	30 STATE	135 ZOL	OR OTHER INSTITUTION JNTY	130. CITY OR TOW	E ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	
22	Marvla	nd		Baltim	ore	YES Y NO		Port St.	2121
200	4. FATHER'S NAM	ME				15 MOTHER'S MAIDEN NA	ME		
4 / N	FIRST		MIDDLE	LAST		FIRST	MIDDLE		LAST
S4	Jam	SED EVER IN U.S. A	DMED EODCESS	Banks		Jennie 17. INFORMANT	ADDRES		lackli
mN.	(YES, NO OR UNK		GIVE WAR OR DATES)	IND. SOCIAL SECO	KILL NO.	IV. BALOKWANI	ADDRE,	000	
W.L	NO			212-34-	1059	William H.	Whitfield		Port
1	18. CAUSE	OF DEATH (Enter (only one couse pe	er line for 199 (b), one	id (c).)	. 1		BE T	PPROXIMATE IN WEEN ONSET A
	PART I.	DEATH WAS CAUS	SED BY: ATE CAUSE (o)	(6.	1.10	IN NO IN	M	4	m/All
-	20	IMMEDIO)	000	CA COM	11		44.5
	37	11	DUE TO, C	A CONSEQUE	ENCEOF	14ant	hice and	1 - H	10
	Conditions gove rise	to immediate	(b)_	1 VMM	ALL H	O HOW	MEDIX	wwb	17
	course to underlying		DUE TO C	R ASINCONSEQUE	ENCE OF	mitral 1	INVR h	105Han	11.
	Underlying	COUSE HOSE	iet_	HVMA	Me	neguri	ati-1	21	14
		HER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE FERM	INAL DISEASE OR COND	TION GIVEN IN PA	RT luc.
	Š l	CIA	UI n	neurs	- / Va	A Marth	Make which	(me de	+
	ING DATE O	- Contractor - Con		WHITE AND LOCALITY	Carlot and Carlo	the state of the s	WHAT I WAS A STREET	man of the same of	
(1)	Comments of	F OPERATION	N 14P COMP	NII WAS LOW ASSURES.	CHERAIIC	AS PERFORMED	205 WOLCHEST ON	THE PES, WERE !	NONGS US
9	OIE.	F OPERATION	NINE CONE	ALLIVOR WILLI		AS PERFORMED	YES [] NO[]	IN CERTIFYING CA	USES OF DE
7	THE ACCORD	NE CIPERATION	7 2th TIME C	OF INJURY		121c HOW INJURY OCCUR	YES NO NO	YES []	USES OF DE
11 11	The ACCOON	NT WAS UNDERLYING TOP D	HOUR A	M MONTH DA	AY YEAR	21s. HOW INJURY OCCUR	The state of the s	YES []	USES OF DE
11 11	Charles Contract Contract	NT WAS UNDERLYING UTBIG C CAUSE OF D HOTEY MEDICAL EXAMIN	HATH HOUR A	CM. MONTH DA	AY YEAR		The state of the s	YES []	USES OF DE
11 11	OR CONTRIBUTED OF STORY	NOT WAS UNDERLYING UTBYS COLOR OF D HOTHY MEDICAL EXAMIN F OCCURRED	HOUR A	M MONTH DA	19	21L HOW INJURY OCCURI	The state of the s	YES	USES OF DE. NO 472)
11 11	OR CONTRIBU	NOT WAS UNDERLYING UTBYS COLOR OF D HOTHY MEDICAL EXAMIN F OCCURRED	HOUR A	.M. MONTH DA	19	TH LOCATION	BED (India Hature Or India	YES	USES OF DE. NO 472)
11 11	WE WHILE AT WORK	THE WAS UNDERLYING THE CALSE OF DIRECT TRANSPORT FOCCURRED NOT WHILE	HOUR A	M. MONTH DA M. OF INJURY INST. FACTORS, OFFICE, S	19	TH LOCATION	BED (India Hature Or India	YES	USES OF DE. NO 472)
11 11	WHILE AT WORK 220.1 certif	TWAS UNDERLYING UTBAG C CAIGH OF D OTHER AND WHITE AT WORK AT WORK AT WORK (1) (this has) THE CONTROL OF THE CONTROL AT WORK AT WO	HOUR A	MONTH DA	19 NEW ETC.)	TH LOCATION	RED (India hatuse of neum	YES	MSES OF DE.
11 11	WHILE AT WORK 220.1 certif	T WAS UNDERLYING IT WAS UNDERLYING OCCURRED AT WORK At WORK At WORK Other than the declared of the of	HOUR A	MONTH DA	19 NEW, ETC.)	ZII. LOCATION	RED (India hatuse of neum	N ITM IR PART I CAPA N 19 8 te ond hour ond fro	MSES OF DE.
11 11	WHILE AT WORK 220.1 certiff sow the obove,	T WAS UNDERLYING IT WAS UNDERLYING OCCURRED AT WORK At WORK At WORK Other than the declared of the of	HOUR A	MONTH DA	NEW, ETC.)	nd that in m) (our) opinion DEGREE ATTENDING	city of the do	TES 19 10 10 10 10 10 10 10 10 10 10 10 10 10	the couses
1	WHILE AT WORK DODGE, 22b. SIGNA	TWAS UNDERTING UTDES TO CAUSE OF DESCRIPTION OF THE TOTAL ALL EXAMINATION	pital attended point view the bod	MONTH DA	NEW, ETC.)	nd that in m) (our) opinion DEGREE ATTENDING PHYSICIAN	cay con too	TES 19 10 10 10 10 10 10 10 10 10 10 10 10 10	the couses
1	WHILE AT WORK DODGE, 22b. SIGNA	TWAS UNDERTING UTTERS TO CAUSE OF D OTHER MANUAL ALEXANDER OCCURRED NOT WHITE A AT WORK AT WO	pital attended point view the bod	MONTH DA	NEW, ETC.)	nd that in m) (our) opinion DEGREE ATTENDING	city of the do	TES 19 10 10 10 10 10 10 10 10 10 10 10 10 10	the couses
1	WHILE AT WORK DODGE, 22b. SIGNA	TWAS UNDERTING UTTERS TO CAUSE OF D OTHER MANUAL ALEXANDER OCCURRED NOT WHITE A AT WORK AT WO	pital attended point view the bod	MONTH DA	NEW, ETC.)	nd that in m) (our) opinion DEGREE ATTENDING PHYSICIAN	city of the do	TES 19 10 10 10 10 10 10 10 10 10 10 10 10 10	the couses
7	220.1 certification of the control o	TWAS UNDERLYING IT WAS INDERLYING OCCURRED NOT WHITE AT WORK AT WORK AT WORK AT WORK TO COLUMNED AT WORK AT WORK TO COLUMNED AT WORK AT WORK TO COLUMNED TO COLU	pitol) ottended ponnot) view the bod	M. MONTH DA	19 Nem. ETC)	nd that in m) (our) opinion DEGREE ATTENDING PHYSICIAN 222 JODRESS	to deoth occurred on the do	TES 19 10 10 10 10 10 10 10 10 10 10 10 10 10	the couses
7	THE WHILE AT WORK 22a. I certif sow it hobove, 27b. SIGNA 22d. PHYSIC	TWAS UNDESTINES THE COLUMN AND THE	pitol) ottended on not) view the bod	M. MONTH DA	19 Nem. ETC)	ATTENDING PHYSICIAN EMETERY OR CREMATORY	to deoth occurred on the do	The firm is PART SHAPE SHAPE SHAPE STAPE STA	the couses
7	220.1 certification of the control o	TOCCURRED NOT WHITE AT WORK AT WORK	pitol) ottended on not) view the bod	M. MONTH DA	NAME OF C	nd that in m) (our) opinion DEGREE ATTENDING PHYSICIAN 222 JODRESS	MEDICAL STAF DIRECTOR PHYSICI	19 1726.	the couses DATE SIGNE M.C.

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the haspital or attending physician.



STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR			CENTIN	ICAIL OI	PEATIT	REG. N	0.		
	CEASED NAME FIRST	MI	DDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
Tiald	CARO	LINE G	EISLER	WHI	TTAKI	ER		03-28	8-84	4:15a
1.5EX		4. RACE		5. DATE C			6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
-0	FEMALE	WHIT		031	- 08~	1890	93	YRS.		HOURS MIN.
7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8.	NEVER	MARRIED -	9. BALTIMORE CITY	<u> SR</u> COUNT	Y OF DEATH	
	Connecticut	USA		WIDOWE	D) D	IVORCED [CIT	1	BALTIM	
10. CI	TY OR TOWN OF DEATH	11. NAME OF HO			OR OTHER INS	TITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
BA	LTIMORE	UPLAN	D'S' HO	ME			House	uife		n Home
	L RESIDENCE (IF NURSING HOME OF							_		21229
13e. 5	STATE OF THE PARTY		3c. CITY OR TOW		YES X	CITY LIMITS?	4501 OLD	FRE	D. ROAL	
_	THER'S NAME	**	BALTIM	ORE	2-0	'S MAIDEN NAM	X 0 0 00	FRE.	D. ROM	
I CON	HER S NAME	WIDDLE	LAST		IS. MOTHER	FIRST	WIDDLE		LAS	ST
	MARTIN	-	GEISLE	R		ALICE	gried repo-	-	GRAH	AM
	AS DECEASED EVER IN U.S. AF	RMED FORCES?	6b. SOCIAL SECU	IRITY NO.	17. INFORM	ANT	ADDR	ESS		
(1	NO OK GIAKINOWIN) (IF 123, GI	VE WAR OR DATES;	214-16	-241	3 JOAI	NN MURI	PHY DN 4	501	OLD FR	ED RD.
	III. CAUSE OF DEATH (Enter or	nly ane cause per	Nefar (a), (b), an	d (c).)	7)		BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:	O rela	0-4	29-6.6	2721	310			
	IMMEDIA	TE CAUSE (a)						,		
	7272	DUE TO, OR	AS A CONSTOU	ENCE OF	15111	6-10	UND PV.	bom .	1 10	
	Canditians, if any, which	(b)	vor	1- //	0000	100			1	
	gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSPOU	ENCE OF	20					
	underlying cause last.	(10) 6	mu.	6	1.					
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ATRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR COM	DITION G	IVEN IN PART 1	la!
8										
CERTIFICATION	90 DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a. AUTOPSY?		ES, WERE FINDI	
5							YES T NOT		IFYING CAUSES	S OF DEATH?
181	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	(N) II IDV		121, HOW I	NILIPY OCCUPE	ED (ENTER NATURE OF IN)			140
2000	OR CONTRIBUTING CAUSE OF DE	110110 4 44		AY YEAR	Ziciliowi	VJOKI OCCORR	(ENIER NATURE OF IN)	JET IN HEM 1B	, PARTIOR PARTZ	
CA	(IF EITHER, NOTIFY MEDICAL EXAMINE			19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE O	F INJURY	ADAR ETC)	211. LOCAT		CITY OR T	OWN	COUNTY	STATE
Σ	WHILE NOT WHILE D	(Al HOME, SIRE	I, PACIONI, OFFICE,	AA.	0 -	-	101 0	70 4	d'	
	220.1 certify that (I) (this hasp	italianthehded the	decembed William	11/10	12700.	1919	10/10/20	23.32	19	that (1) (we) last
	saw the deceased alive ar	1//4/01	19_	, gr	nd that in (my) (aur) apinian d	death accurred an the	date and ho	aur and fram the	causes stated
	abave, (I) (we) (did) (did no 22b. SIGNATURE	at) view the bady a	fter death.		DEGREE				22c DATE	SIGNED
	220. SIGNATURE	en			DEGREE	ATTENDING /	MEDICAL ST	AFF	27. DATE	V 24
	11110					PHYSICIAN E	DIRECTOR PHYS		1-2	3-2/
	224 PHYSICIAN'S NAME (HATE	ORPRINT)			22e ADDRE	SS /	15 large	12	ed Kan	162m
	MEDRAE M	NGOV			29%	18 - V.	VIVINO	111	1. 190	BUILD
23a B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. l	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION			
(Burial	3/29/	84 5	Rose H	ill Ce	metery	Cumber1	and	COUNTY	Md.
74 EI						-			STRAD'S CHEKTAL	
4 1	PER PIRECTOR & RUSE	sell C. W	itzko.F.	ineral	Homes	P.A.	E REC D. BI REGISTRA	Like	Davidson-	Randell.
-	1630 Edmondson	Avenue,	Catonsvi	lle,	Md. 21	228 MA	R 3 0 1984	Tune	toma former .	

DHMH-16 30M 2/B0 (VRA 15, 4)

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR.

MPORTANT, If he

DHMH - 16 50M 4/83

(VRA 15, 4)

-	FOR STATE REGISTR
	1. DECEASED N.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	3	3 3

	EASED NAME FIRST										
	OR PRINT)	WIDDLE	LA	151		20. DATE OF	DEATH MONTH	DAY	YE AR	26 HOU	R
3. SE)	Irene	· ·	Vhittin	gton			03	17	84	9:44	E
	(4 RACE	5. DATE O			6. AGE INYE	ARS LAST BIRTHDAY)		ER I YEAR	# UNDER	
100	Female	Black .	02	02	93	91		MONTHS	DAYS	HOURS	M
7a. BI		76. CITIZEN OF WHAT COUNTRY	/2 8			1 ~ -	RE CITY OR COU		EATH		+
	OUNTRY)		MARRIED	NEVER A		1	altimore				
10.61	U.S.A. TY OR TOWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL, NURS	WIDOWE		ORCED	1	CCUPATION			F BUSINE	cc
Tio Ci		(IF NOT IN SUCH FACILITY, GIVE STREE		K OTHER INST	ITUTION		FOR MOST OF WORKIN		DUSTRY	F BUSINE	55
1	Baltimore	Midtown Ho		C.					1		
	AL RESIDENCE I IF NURSING HOME OR TATE 13b. COUN			13d. INSIDE CI	TY LIMITS?	13e.STREET A	DDRESS / ZIP CO	ODE	1	121	1
7	Md	Balto	PERMIT	YES X	NO 🗌		Park Ht		rrac	e	-
M. FA	THER'S NAME				MAIDEN NA	ME					
V	John	Whittington			Emma		Whitt:	ingt	on		
160. V	AS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMA			ADDRESS50	Wes	+ 9	and	C
N		212-48-		Coome	eo Won	m A .	. 0 -				
14	0	212-40-	J201	Georg	ge You	ng . A.	pt. 8 E			MATE INTER	-
CERTIFICATION	19a DATE OF OPERATION	ONDITIONS CONTRIBUTING TO				20a AUTO	PSY? 206. IF	YES, WER	E FINDIN	IGS USED	H
E I		The state of hillips		Tat. How hi		YES	NO	YES [NO [)
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	ZIC HOW IN	JURY OCCUR	CEU (ENTERNA	TURE OF INJURY IN ITEM	IB PARTION	KPART2)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19								
\ \delta \	71d INJURY OCCURRED	21e. PLACE OF INJURY		TALL LOCATIO							TA
AEDICA		(AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC)	211 LOCATIO	N		CITY OR TOWN	cc	YIMUC	5	
MEDICAL	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	001	STREET)N		00/1=/			5	
MEDICA	AT WORK	tol) attended the deceased from	02/	STREET 25	19 83	, to	03/17/	8	34	that (I) (v	
MEDICA	220.1 certify that (I) (this hospit sow the deceased alive on.	tol) attended the deceased from 03/17/	02/	STREET 25	19 83		00/1=/	8	34	that (I) (v	
MEDICA	22a.1 certify that (I) (this haspit	tol) attended the deceased from 03/17/	02/ 84 , on	STREET 25	19 83		03/17/	. 19_ 8	34	that (I) (v	
MEDICA	220.1 certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did no	tol) attended the deceased from 03/17/	02/ 84 , on	25 d that in (my) DEGREE	19 83 (our) opinion	death accurred	03/17/ d on the date and	. 19_ 8	from the	that (I) (v	
MEDICA	220.1 certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did no	tol) oftended the deceosed from 03/17/ 1) view the body ofter death.	02/ 84 , on	25 d that in (my) DEGREE	(our) opinion	death accurred	03/17/ d on the date and	. 19_ 8	from the	that (I) (v	
MEDICA	22e.1 certify that (I) (this haspit sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE	tol) oftended the deceosed from 03/17/ 1) view the body ofter death.	02/ 84 , on	25 d that in (my) DEGREE	(our) opinion	MEDICAL DIRECTOR	03/17/ d on the date and	hour and f	from the	that (I) (v couses sta SIGNED	
23a B	27e.1 certify that (1) (this hospit sow the deceased alive on, obove, (1) (we) (did) (did not 27b. SIGNATURE 27d. PHYSICIAN'S NAME ITYPE O	101) oftended the deceosed from 03/17/ 19. 11) view the body ofter death. R PRINT! LAA 1763 23b. DATE 23c	02/ 84 on	25 d that in (my) DEGREE A 22e ADDRES 32 2	(our) opinion	MEDICAL DIRECTOR	O3/17/ d on the dote and STAFF PHYSICIAN TION DRIOWN	hour and f	from the 2c. DATE	that (I) (v couses sta SIGNED	
230 8	22a.1 certify that (1) (this hospit sow the deceased alive an obove, (1) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME ITYPE O	tol) oftended the deceosed from 03/17/ 19. 1) view the body ofter death. RPRINTI LAATTER	02/ 84 on	25 d that in (my) DEGREE A 22e ADDRES 38, 2	(our) opinion TIENDING OHYSICIAN (STANDING CONTINUES) REMATORY	MEDICAL DIRECTOR	03/17/ d on the dote and STAFF PHYSICIAN	hour and f	from the 2c. DATE	that (I) (vicouses standard SIGNED	ote

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		Home, ino.	morald	Growlites
ANNA SERVINE TOTAL	X	i	Infl	- 45
ACCUMENTATION OF THE STATE OF		n.	رو پر بيدو که اي سواليد	navi.
es, inc. 112 bis. 2011, 71., 10c.	il avazokse	1050-69	- 145	No
7 - 140	C.	(1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
AN CHARLES				
.47		• I. I. I.		wearing contraction and the

page 3 TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carban papers. Pages Trand 2 str with the State Dept. of Health and Mental Hygtene prior to burial, cremation, ar removal. MAPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medical ascume

after death

STATE OF MARYLAND

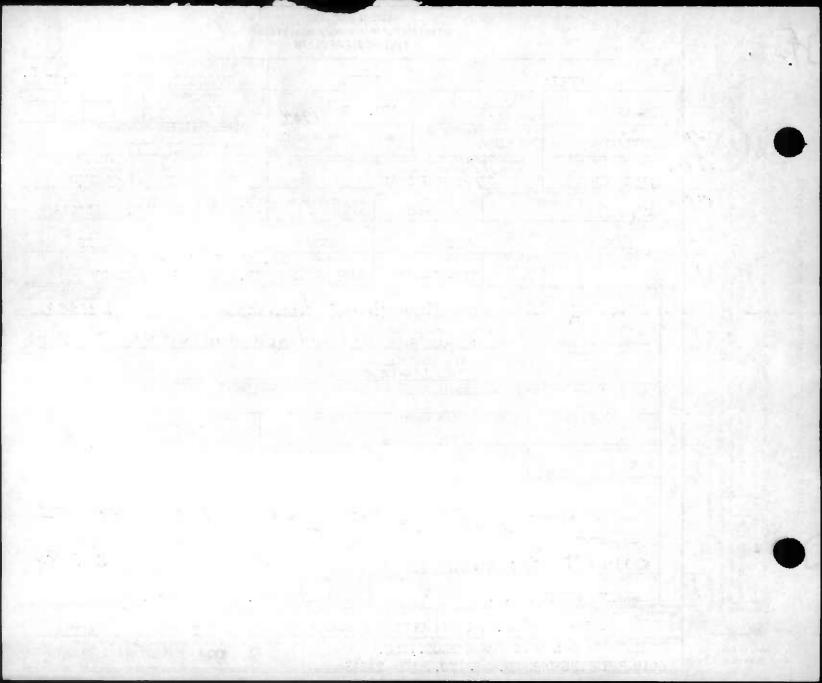
	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE / S	3 8		
		CEASED NAME FIRST	,	MIDDLE	l.	AST .	20 DATE OF DEATH		YEAR	26 HOUR
	(1176	CELIA			WI	ENER	MARCH	2, 1984		6:27 P.
	3. SE	x FEMALE	4. RACE WHI	ГЕ	5. DATE C		6. AGE (IN YEARS LAST B	IRTHDAY) IF UNDER		HOURS MIN.
B		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED X		ORE CITY	ATH	MD.
2	1	BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE [NAI HOS]	TADDRESS)	OR OTHER INSTITUTION	17a. USUAL OCCUPATION OF WORK FOR MOST SECRET.	OF WORKING LIFE) IND	USTRY USF	F BUSINESS OR
5	13a S	AL RESIDENCE LIF NURSING HOME OF STATE 13b. COU		GIVE RESIDENCE BEFOR	VN	130. INSIDE CITY LIMITS?	13e STREET ADDRESS 4119 KENS	ZIP CODE HAW AVE.	#2	1215
2	14 FA	ATHER'S NAME FIRST MAYER	MIDDLE	WIENER		15. MOTHER'S MAIDEN NA EVA	AME	M	EYER	S
-	12	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	MED FORCES?	215-07-8		17 INFORMANT MRS	S. SYLVIAADS		77	
2	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OI (c) CONDITIONS CO	ONTRIBUTING TO	ENSC DEATH BUT	<u> </u>	200 AUTOPSY?	20b. IF YES, WERE	FINDIN	IGS USED OF DEATH?
Î	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETIHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A R) P 21e. PLACE	M. MONTH D	19	211. HOW INJURY OCCUP	YES NO RED (ENTER NATURE OF IN)		PART 2)	NO STATE
<i>t</i>		220.1 certify that (I) (Nos-hase obove, (I) (week-dard) (did no 22b) SIGNATURE 22d. PHYSICIAN'S NAME (TYPE BARNETT BERMA	bt) view the body Bey M	2.3 19		nd that in (my) (see) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 611 PARK	MEDICAL STA	AFF	rom the	that (I) (we) last causes stated SIGNED 3-84
	23a. E	BURIAL CREMATION, REMOVA SPECIFY) BURIAL	,			EMETERY OR CREMATORY AKOV-BETH ISR	23d. LOCATION	COUNT		STATE RYLAND
	110	NAME SOL		E BROS.		25a DA MA	R 9 1984			ure andete

DHMH - 16 50M 4/83 (VRA 15, 4)

6010 REISTERSTOWN RD

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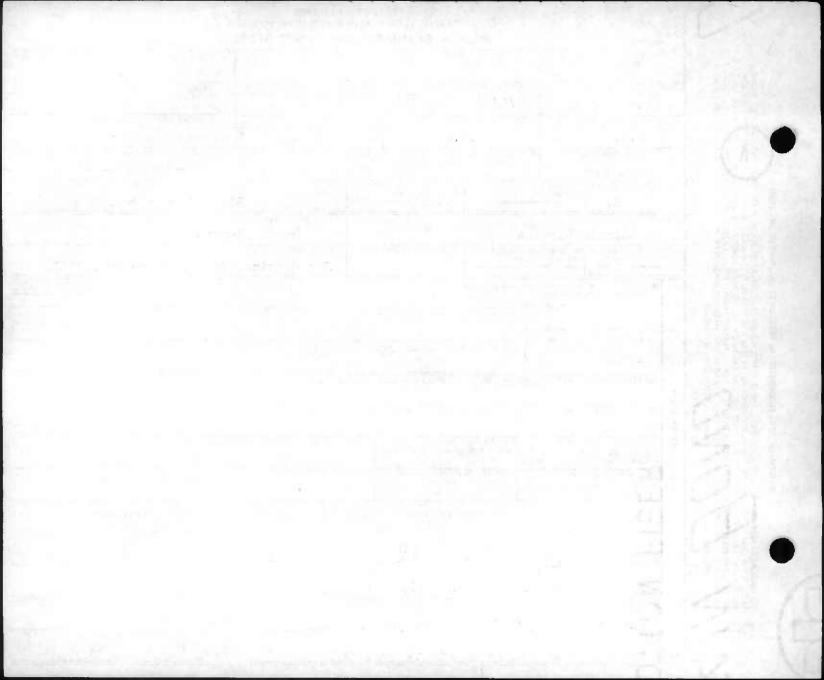
20M 4/82

LASE TO THE ORDER OF THE MALE OF THE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

20M 4/82

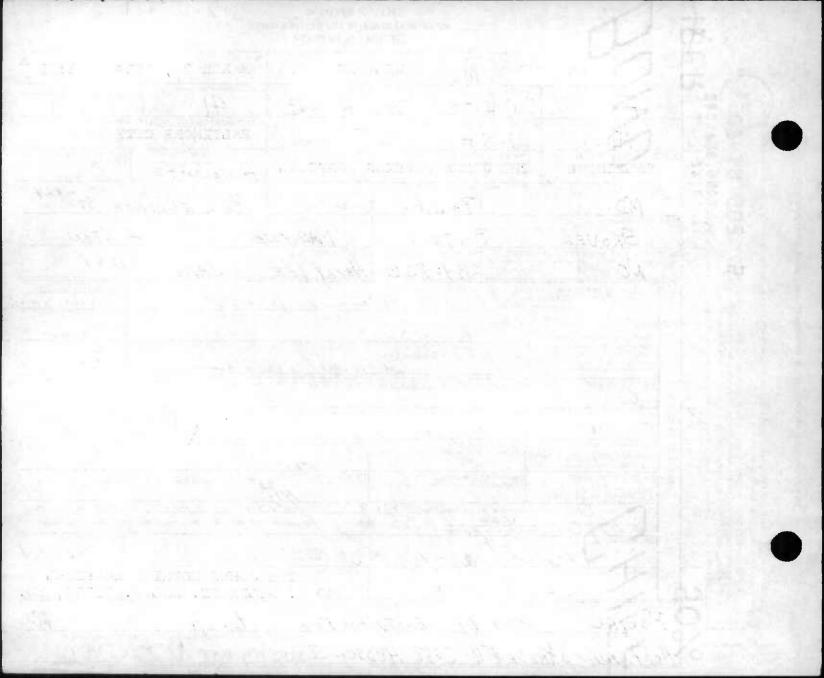


DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.				
20. DATE OF DEATH MONTH	DAY	YEAR	2b. HOUR	7
MARCH 20	1984		11:55	-

V H	REG ISTRAR	REG. NO.							
T.	DECEASED NAME FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR A					
	(IMPEORPRINT) BLANCHE M	WILFONG	MARCH 20, 198	4 1:55					
3	3 SEX 4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF U	NDER I YEAR IF UNDER 24 HRS					
	F WHITE	DEC. 19, 1942	41 YRS. MONI	HS DAYS HOURS MIN.					
7	70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF						
1	W. S.A.	WIDOWED DIVORCED	BALTIMORE CIT	MD.					
2	BALTIMORE THE JOHNS HO	NG HOME OR OTHER INSTITUTION OPKINS HOSPITAL		2b. KIND OF BUSINESS OR NDUSTRY					
	USUAL RESIDENCE (IF NURS): 11 INSTITUTION GIVE RESIDENCE BEFORE TO 13 CITY OR TO	VN 13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP CODE 1532 ELRINO	R ST.					
	4. FATHER'S NAME	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST					
1	GROVER BOLDEN	MEREN	E A.	SHTON					
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS						
	(YES NOORUNKNOWN) (IEYES, GIVE WAR OR DATES) 2/9-40-8	313 HARRY LEE	SAME 2	1224					
1	8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), a	nd (c)	0.11.30	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
T	PART I. DEATH WAS CAUSED BY:	1 - Pall- maria A	W125+	1255 Han 5 Miss					
п	IMMEDIATE CAUSE 10) CAVA C		test the state						
н	Conditions, if any, which (16) ROS VILSSIVE 31/2 40								
п	Conditions, if only, which (b)	25770-		-1290					
1	cause (a), stating the DUFTO OR AS A CONSEQU	cause (o), stating the DUFTO OR AS A CONSEQUENCE OF							
-1	underlying cause last. (c)	Carricallan	-14 orna	212 MM					
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 110					
	190. DATE OF OPERATION 19b. CONDITION FOR WHICE 19a. DATE OF OPERATION 19b. CONDITION FOR WHICE 19a. ACCIDENT WAS UNDERLYING 12b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 12b. TIME OF INJURY								
ď	190. DATE OF OPERATION 196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		ERE FINDINGS USED					
	E 1/DIA 1000		YES TO NO TO YES T	G CAUSES OF DEATH?					
	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1						
		DAY YEAR							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION							
	216, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE					
	AT WORK	NI	/ -						
	220 I certify that (1) (this hospital) attended the deceased from	7/19 , 19 8	9, to 3/20 19	39, that (I) (we) lost					
	saw the eleceased elive on 19 bove (1) (we) (1) did not now the body eller death.	, and that in (my) (aur) apinion	death occurred on the date and hour an	d from the causes stated					
	77h SIGNATURE	DEGREE		22c. DATE SIGNED					
	MU a Vanus	MT) ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/20/84					
H	22d. PHYSICIAN'S NAME (THE CHAMIN)	22e. ADDRESS THE		HOGDTMAT					
1	(ee A Daux								
+	The RUDIAL CREMATION REMOVAL TOUR DAYS		OLFE ST. BALTO.	21205, MD.					
ľ	730 BURIAL, CREMATION, REMOVAL 236. DATE 236.	NAME OF CEMETERY OR CREMATORY		DUNTY STATE					
-	DUPIHU 15-24 84 1	45/VIEW MEM.	DA-LTE.	MP.					
13	H. FLOVERAL DIRECTOR	2 1/ > 0.	TE REC'D. BY REGISTRAR 756. REGISTRAR	'S SIGNATURE					
	NOTEMBER - JRARDA F.H. 3218	HUDSON SI MAR	27 1001 Ocha David	Mr. Bridge					

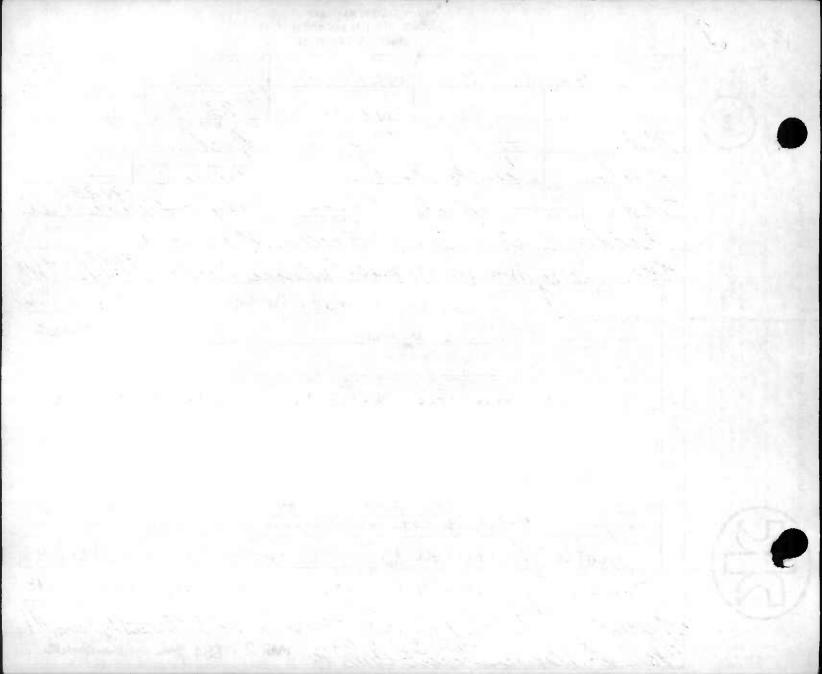


DHMH - 16 50M 4/82 (VRA 15, 4)

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N.	T	OF	HE	ΔĽ	TH.	AND	MENTAL	HY

DEPARTME **YGIENE**

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FWST 2a. DATE OF DEATH MONTH 2b. HOUR TYPE OF PRINTS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS **BALTIMORE CITY OR COUNTY OF DEATH** LISTATE OR YORK GN 75. CITIZEN OF WHAT COUNTRY NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY IL RESIDENCE OF MURSING HOME ARE OTHER INSTITUTION, GIVE RESIDENCE ADMISSION 13k COUNTY 13d. INSIDE CITY LIMITS? YES NO HE FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST 16b. SOCIAL SECURITY NO CE YES GIVE WAR DISPATE It. CAUSE OF DEATH (Enter, and one couse per line for (a), (b), and (c) MMEDIATE CAUSE (a) A CONSEQUENCE OF Conditions, if any, which gave rise to immediate course (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING . [17] 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH TH EITHER HOTEY MEDICAL EXAMINERS 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NO! WHILE 22a. F certify that (1) (this hospital) attended the deceased from March 19 84 19 saw the deceased alive an_ _, and that in (my) (aur) opinian death accurred an the date and haur and Iram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN. DIRECTOR PHYSICIAN 22e ADDRESS Loch Raven Blud. Balt Nder 18 23b. DA1



DHMH - 16 50M 4/8

(VRA 15, 4)

FOR 1 - STATE REGISTRAR		DEPAR	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE	REG. NO.	3	
1. DECEASED NAME	FIRST	WIDDLE	L.	AST	2a DATE OF D		AY YEAR	b HOUR
(TIPE OR PRINT)	ALETHA	J.	$_{ m WI}$	LKINS	03/	08/84		5:50PM
3. SEX	4. RACE		5. DATE O		6. AGE TIN YEAR	RS LAST BIRTHDAY)	O' DATE I LEMM	IF UNDER 24 HRS
FEMALE	WHI	TE	JUNE	17 1941 YEAR	42	YRS.	DATS	MIN.
TO BIRTHPLACE (STATE OR	FOREIGN 76 CITIZEN	OF WHAT COUNTR	Y? 8.	XX NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
OHIO	U.S	.A.	WIDOWE		Bal	timore C	ity	ME
Baltimore	(IF NOT I	N SUCH FACILITY, GIVE STR	EET ADDRESS)	ROTHER INSTITUTION S Hospital	120 USUAL OC LTYPE OF WORK EC HOMEMA	CCUPATION DRMOST OF WORKING LIFE AKER	12b. KIND OF INDUSTRY	BUSINESS OR
USUAL RESIDENCE (# NUR 130. STATE	13b COUNTY	TION, GIVE RESIDENCE BEF	NWC	13d INSIDE CITY LIMITS? YES NO	13e.STREET AD 3062	DRESS / ZIP CODE MAYFIELI	D AVE.	21213
4. FATHER'S NAME FIRST	WIDDLE	LAST	10001	15. MOTHER'S MAIDEN NA		WIDDLE	481	117.6
RAYMON		FIS		DÖROTE	1Y	100 PFCC	JEI	NKS
(YES, NO OR UNKNOWN)	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			KENNETH W	ILKINS	(HUSBANI) SAM	E ADDI
Conditions, if ony gove rise to im couse (o), stoti underlying couse PART 2 OTHER SIG	mediate ng the lost NIFICANT CONDITION		O DEATH BUT	NOT RELATED TO THE TERM		DR CONDITION GIVE	WERE FINDING	
210. ACCIDENT WAS UN			DAY YEAR	21c. HOW INJURY OCCURI	1.20	VO[] YES		но 🗌
(IF EITHER, NOTIFY MED	Zie PL/	P.M. ACE OF INJURY AE STREET, FACTORY, OFFICE	CE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
sow the deceas	220.1 certify that (I) (this haspital attended the deceased from 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10						and from the co	
226 SIGNATURE	rm Bla	fen		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATES	- 10
22d. PHYSICIAN'S N		V		22e. ADDRESS	**		- 7	
Kevin				The Johns			tal	
230. BURIAL, CREMATION CREMATION	3/1	0/84	GREEN	EMETERY OR CREMATORY OUNT	BAL	TIMORE	COUNTY	$MD^{\text{\tiny ATE}}$
24. FUNERASORFICATOR TO NAME 3331	NEK FUNE Brehms L	RAL HOME ane, Bal	,INC.	250. DAT	R 1 2 19	SISTRAR VID. REGIST	MEANA-NOT	RE.



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

1	-	FOR STATE REGISTRAR
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poge 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FAE		

1						ICATE OF DEATH		REG. NO.			
	CEASED NAME	FIRST	F	MIDDLE	Į.	AST	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR	
[FTPE	E ON PRINT)	Brenda	а ј. в	ROWN I	Wilki	ns	March	1 4, 198	84		
3. SEX	X	14	4. RACE		5. DATE C		6. AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 H	
-	Female		Bla	ack	MONTH	19 52	3	2 YRS		HOOKS	
	RTHPLACE (STATE)	OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED		altimor			
	ITY OR TOWN OF	FATH			WIDOWE NG HOME C	D DIVORCED DIVORCED	12a USUAL OC			OF BUSINESS	
	Baltimo	re	1232	N. Bro	adway		(TYPE OF WORK F	OR MOST OF WORKING	(UFE) INDUSTRY		
13a S	AL RESIDENCE (FN STATE Maryland	13b COUN		13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?		DDRESS / ZIP CO		21231	
14 FA	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME	1		AST	
1	James		MIDDLE	Brown		Lucy		B.		rre11	
16a V	WAS DECEASED EV			166 SOCIAL SECT	URITY NO.	17 INFORMANT		ADDRESS			
UN	YES, NO OR UNKNOWN)	(#F YES, GIV	E WAR OR DATES)			Lucy Brown	1232	N. Broa			
	18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for (a), (b), or	nd (ci.)				APPRO BETWEEN	BETWEEN ONSET AND DEAT	
	PART I. DE ATH		D BY: TE CAUSE (0)	NANITT	9				Ma	monnys	
	Conditions, if a gove rise to	immediate	10)_			CINOMA			'		
rion	gove rise to couse (o), str underlying co PART 2. OTHER S	immediate ofing the use lost.	DUE TO, O	R AS A CONSEQU	DEATH BUT	NOT RELATED TO THE TERM					
TIFICATION	gove rise to couse (a), sto underlying co	immediate ofing the use lost.	DUE TO, O	R AS A CONSEQU	DEATH BUT		20a AUTOP	20b. IF Y	GIVEN IN PART 1 (ES, WERE FIND TIFYING CAUSE YES	INGS USED	
AL CERTIFICATION	gove rise to couse (o), ste underlying co PART 2. OTHER S 190. DATE OF OPE 210. ACCIDENT WAS OR CONTRIBUTING [immediole thing the use lost. IGNIFICANT (RATION UNDERLYING CAUSE OF DEA	DUE TO, O (c) 19b. COND 19b. TIME C HOUR A	R AS A CONSEQUENTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOP	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES [INGS USED S OF DEATH?	
MEDICAL CERTIFICATION	gove rise to couse (o), stounderlying co PART 2. OTHER S 190. DATE OF OPE 210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A 21d. INJURY OCC. WHILE NO.	Immediate the property of the	DUE TO, O (c) 19b. COND 19b. COND 19b. TIME C HOUR A. P. 21e. PLACE	R AS A CONSEQUENTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19	NOT RELATED TO THE TER/	200 AUTOP YES	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES [INGS USED S OF DEATH!	
	gove rise to couse (o), ste underlying co PART 2. OTHER S 190. DATE OF OPE 210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M) 210. INJURY OCC WHILE ALL MODIATIONS ALL MODIATI	Immediate string the use lost. IGNIFICANT (RATION UNDERLYING [CAUSE OF DE, LEDICAL EXAMINER WHILE [WHILE [WHILE [LITHIS hospi LOSSED of July and LOSSE	DUE TO, O (c) CONDITIONS CO 19b. COND 21b. TIME CO HOUR A. P. 21e. PLACE (AT HOME, ST 101) ortended the condition of t	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REEL FACTORY, OFFICE, See decreased from.	DEATH BUT H OPERATIO DAY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUI 21l. LOCATION STREET Ond that i (m) (our) opinion DEGREE	200 AUTOP YES RRED (ENTER NATU	20b. IF Y IN CER IN CER	COUNTY	INGS USED S OF DEATH' NO	
MEDICAL	gove rise to couse (o), stounderlying co PART 2. OTHER S 190. DATE OF OPE 210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A 21d. INJURY OCC WHILE AT WORK AT 220. I certify the sow the december of the story of the sow the december of the story of the story of the sow the december of the story o	Immediate thing the use last. IGNIFICANT (RATION UNDERLYING CAUSE OF DEAL EXAMINES UNDERLYING WHITE	DUE TO, O (c) TONDITIONS CO 19b. COND 19b	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REEL FACTORY, OFFICE, pe descrosed from offer death.	DEATH BUT H OPERATIO DAY YEAR 19 FARM.ETC) M. J	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUI 21l. LOCATION STREET Ond that i (my) (our) opinion DEGREE ATTENDING PHYSICIAN	ZOO AUTOP YES RRED (ENTER NATU ZOO AUTOP YES ZOO AUTOP YES ZOO AUTOP IN CER NO PROPERTY IN THEM I CHIY OR TOWN STAFF PHYSICIAN	COUNTY	INGS USED S OF DEATH'S NO		

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physicial

BP

MAR Z SEA CLESS CHAM

	JIAIE OF MAK
FOR	DEPARTMENT OF HEALTH AN
STATE	CERTIFICATE O
DECISTOAD	CENTIFICATE O

STATE OF MARYLAND

1	- STATE REGISTRAR			CERTIF	ICATE OF I	EATH	REG. I	NO.	5	
	DECEASED NAME FIR	ST	MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(PE OR PRINT) ER	NEST		W1	LKINS			3/26/	/84	4:15pm
3. S	ex M	4 RACE	3	5. DATE C		**26	6. AGE LIN YEARS LAST B	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
70	BIRTHPLACE ISTATE OR FOREK	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER	WARRIED D	9 BALTIMORE CITY BALTIMO	_		MD.
L	CITY OR TOWN OF DEATH BALTIMORE	VA MET		ER BA		TITUTION	Truck Driv	OF WORKING L		OF BUSINESS OR
130		ome ROTHER INSTITUTION COUNTY LAPI Ord	GIVE RESIDENCE BEFORE 113c. CITY OR TOWN HavreDeG1	Ν	13d INSIDE C	NO 🗌	13e STREET ADDRESS 209 N. St		× 21078	
11.1	FATHER'S NAME Walter	MIDDLE	Wilkir			s maiden nam Lina	WIDDIE		Melv:	
160	(YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	244-22-6		Leola	Wilkin	ADDI			IMATE INTERVAL ONSET AND DEATH
NO	Conditions, if ony, wh gove rise to immedic cause (a), stating to underlying cause lo	ote the DUE 1D, C	OR AS A CONSEQUE		NOT RELATED) TO THE TERM	IN AL DISEASE OR CO	NDITION GI	IVEN IN PART TI	liagnosis
CERTIFICATION	19a DATE OF OPERATION	196 CONE	ondition for which operation was performed				200 AUTOPSY2 YES NO	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES []	
MEDICAL CER	OR COMPRESSION CONTRACT	OF DEATH HOUR A	OF INJURY A.M. MONTH DA A.M. OF INJURY TREET, FACTORY, OFFICE, F.	19	21f LOCATI	ON	RED (ENTER NATURE OF IN.		PART OR PART 2} COUNTY	STATE
	220.1 certify that (X (this haspital) attended the deceased from March 14 , 19.84 , to March 26 , 19.85 sow the deceased alive on March 26 , 19.85 sow the deceased alive on March 26 , 19.85 , and that in Xny) (our) apinion death accurred an the date and hour an abovo (X (we) (did)							22c. DATE		
		J. SNYDER				Loch Ra	ven Blvd.	Balto	Md 212	18
L	Burial, CREMATION, REM (SPECIFY) Burial	OVAL 236. DATE 4/1/	to .		rove B	aptist	23d LOCATION CITY OR TOWN Turnbul		COUNTY	STATE N.C.
24 A	rnord Beard	53 Founta	in Standar	vreDe	Grace,	Id. APR	e rec'd. By registra	90.	Davidson_D	Pandall 1

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and should be detached for use as the bird through permit. Then please remove corbonpapers, Pages with the State Dept. of Health and Armini Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 thaws any injury, ar other troumatic event, Item

the same with a second . (FOR

BP_ **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

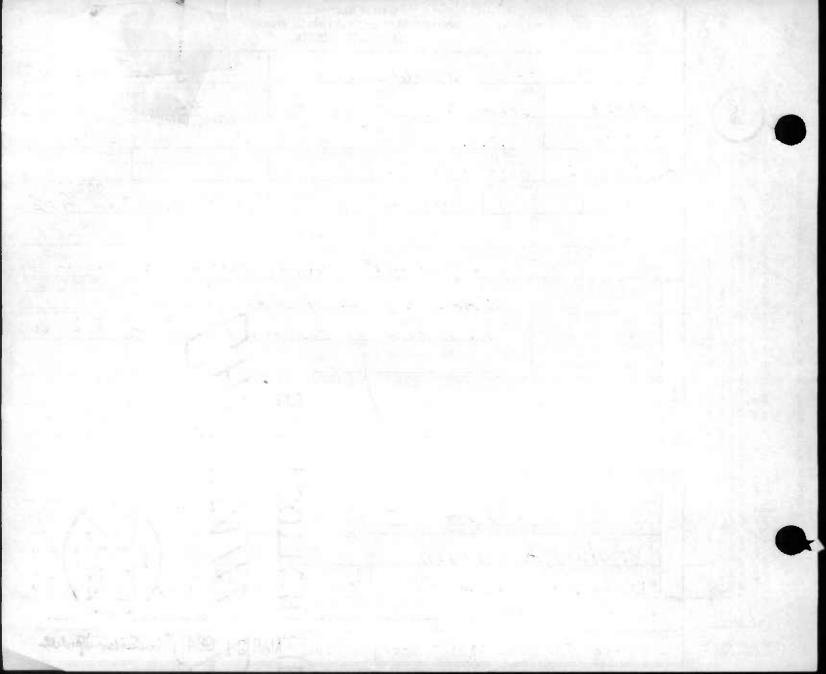
1		STATE REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFICATE O	F DEAT	KEG.			
		CEASED NAME OR PRINT)	E FIRST		MIDDLE		LAST	2a.	. DATE KNOWN OF ESTI-	MONTH	DAY YEAR	2b. HOUR
	,		Alonz				lliams		DEATH MATED	□ 3/1	2/849	M
	3 SEX		4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTH	YEARS IF UN			DATE	MONTH	DAY YEAR	6:49
1	-	fale	Black	2-22-14	4 69	YRS.	10000		DEAD		/84 19	AM
A	7a BIR	RTHPLACE (S	TATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8. MARR	IED , NEVER MARRI	IED [BALTIMORE CIT	Y OR COUN	TY OF DEATH	
1		NC		USA			VED TO DIVORC		Baltimore			MD.
1	IO. CIT	TY OR TOWN	OF DEATH		ITAL, NURSING HOA		IER INSTITUTION		L OCCUPATION .	TYPE OF WORK	126 KIND OF BU OR INDUST	RY
4	and States		ltimore	2409 Aru	unah Ave.				etired		Olin (Chem.
5	JSUAI 13a. ST	RESIDENCE	(IF IN NURSING HOME (OR OTHER INSTITUTION, GIVE NTY	13c. CITY OR TOWN Balto	SION)	13d. INSIDE CITY LIMITS? YES # NO	13. STREE	Aruna	h Ave	. 21216	5
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î		VAS DECEASE	D EVER IN U.S. AR	WAR OR DATES)	166 SOCIAL SECUR		17. INFORMANT		ADDR			
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-			EATHIMAC CALICE	nly one cause per line fo							APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
		11-	IMMEDIA	TE CAUSE (a) Art			Cardiovasc	ular [<u>Disease</u>			
		72	72		AS A CONSEQUENCE	E OF						
		gave ri	ons, if ony, which ise to immediate	(b)								
		cause (a lying co	i) stating the <u>under</u> use last.	DUE TO, OR A	AS A CONSEQUENCE	: OF						
				(c)								
	7	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 (a).				
	CERTIFICATION	100 DATE O	F OPERATION	18h CONDITE	ION FOR WHICH OPE	EDATION 14	/AS DEDECIPALEDS				20 AUTOPSY	2
1	FICA	, DATE OF	OFERATION	170 CONDITIO	ON FOR WHICH OP	W MOLIEN.	MO PERFURMEU!					
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		UNDERLYING	G OR	HOUR A.M.	MONTH DAY YE	AR ZIC. FI	OTT INJUNI OCCURRE	ED (EIGIER (AN)	TONE OF HOUSE IN HER	O TO FARE I OR FA	un r e p	
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		220 I cert	ify that	on all the remains descr	1.0		sy . Inspectio		Inquiry .	and in my a	pinian	100
		death result	ted form April	not couses UNI	Agaident L.f.)	Suicide	, Hamicide	Undeterr	mined manner			
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H		SIGNATURE	100	vacy /)	mary		Dep. Chi	<u>et</u> medic	AL EXAMINER	SIGNE	3/12/	84
		EXAMINER'S	NAME TI	homas D. Sr	mith. M.D.		ADDRESS 111	Penn 9	St., Bal	to. Mo	d. 21201	
	23a.BU	URIAL, CREMA	ATION, REMOVAL	23b. DATE	23c. NAME OF C			123d LOC	ATION			
	(SF	Buria		3-17-84		ubur		CITY OR	estport	COR	MD. s	TATE
	24 FU	JNERAL DIREC	CTOR	- A BODDECC				REC'D. BY RI	EGISTRAR 256 R	EGISTRAR'S	SIGNATURE	
3	Ch	nas.A.	Rice F	SPA 1300°	Eutaw Pl	.ace	MAR	191	984	viavidson	n-Randale	4

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		REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	CERTIFICATE OF DEATI	REG. NO. 20. DATE OF DEATH AONTH	H DAY YEAR 26.
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	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HE
~	_	MALE	BLACK	5 22 3		YRS.
3		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	- 1 May 10 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	KING LIFE) 126. KIND OF B
51	USU	AL RESIDENCE (IF NURSING HOME C	1 1413 Winsto OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		212
15		aryland 136 COU	Balti	more YES NO[14/3 WI	
KH	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAID FIRST	MIDDLE	LAST
00		Matthew	Willia RMED FORCES? 1166 SOCIAL SEC		a E.	LeVer
/ ledico			IVE WAR OR DATES) 218-33	C/90	A. Williams 1	/12 Winet
2	-	YES	inly ane cause per line far (a), (b), a ED BY:	U ByIVIO	A. WIIIIams I	APPROXIMA BETWEEN ONS
ner fraum		Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE (b) A A A CONSEQUE DUE TO, OR AS A CONSEQUE	CA OF COL	oN ELIVER	mets. 3 /2
ury, or other traum	Z	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	DCA OF COL	E TERMINAL DISEASE OR CONDITIO	METS 3 1/2
s any injury, at other traum	HCATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DCA OF COL	200 AUTOPSY? 20b.	
shorts any injury, or other fraum	ERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	20g AUTOPSY? 20b.	N GIVEN IN PART 1(a) IF YES, WERE FINDING CERTIFYING CAUSES OF YES
II B shows any injury, or other traum	AL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE	200 AUTOPSY? 20b.	N GIVEN IN PART 1(a) IF YES, WERE FINDING CERTIFYING CAUSES OF YES
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Nem 21 is marked or them 18 shows any injury, or other traum	1000	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE LITHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK AT WORK SOW the deceased give a sow the deceased give as	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, Dital) attended the deceased from	DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY (STREET 3 - / 4 , 19 and that in (my) (aur) of DEGREE	200 AUTOPSY? 20b. YES NO COURRED (ENTER NATURE OF INJURY IN ITI	IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO
KT. II Nem 21 is marked or Nem 18 shows any injury, or other traum	1000	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE LITHER, NOTIFY MEDICAL EXAMINITY MEDICAL EXAMINITY MEDICAL EXAMINITY OF CURRED CAUSE OF DELIVER OF DELIV	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 10tal) attended the deceased from 19 at	DEATH BUT NOT RELATED TO THE H OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OF STREET 217. LOCATION 5 TREET DEGREE ATTENE PHYSIC	200 AUTOPSY? 20b. YES NO DOCCURRED (ENTER NATURE OF INJURY IN ITI	IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES COUNTY 19 7, tha d haur and fram the cau
MTANI II hem 21 is marked or hem 18 shows only injury, at other traum	1000	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 9a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK (I) (we) (did) (did in 12b. SIGNATURE) 22d. PHYSICIAN'S NAME / TYPE	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 21d) attended the deceased from 19 attended the deceased from 19 attended the body after death.	DEATH BUT NOT RELATED TO THE HOPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY (STREET DEGREE ATTEND PHYSIC 226. ADDRESS	20g AUTOPSY? 20b. YES NO COURRED (ENTER NATURE OF INJURY IN ITIL CITY OR TOWN 29 1, ta 3 · 2 · 2 Expinion death accurred an the date an oling MEDICAL STAFF CIAN DIRECTOR PHYSICIAN (A. MEDICAL	IF YES, WERE FINDING: IF YES, WERE FINDING: CERTIFYING CAUSES OF YES COUNTY COUNTY 22c DATE SIC 3.20 C LINT LIM
MPORTANT, If herr 21 is marked by hem. It shows any injury, or other traum	MEDICAL	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE LITHER, NOTIFY MEDICAL EXAMINITY MEDICAL EXAMINITY MEDICAL EXAMINITY OF CURRED CAUSE OF DELIVER OF DELIV	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. TIME OF INJURY HOUR A.M. MONTH D PLAND 21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, or or or or or or or or or or or or or	DEATH BUT NOT RELATED TO THE HOPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY (STREET DEGREE ATTEND PHYSIC 226. ADDRESS	200 AUTOPSY? 20b. YES NO DOCCURRED (ENTER NATURE OF INJURY IN ITI CITY OR TOWN 27 , ta 3 · 2 c Appinion death accurred an the date an DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN (A. MEDICAL CAL RAVEN BIV.)	IF YES, WERE FINDING: CERTIFYING CAUSES OF YES COUNTY COUNTY 220: DATE SIGN 221: DATE SIGN CUNTUM

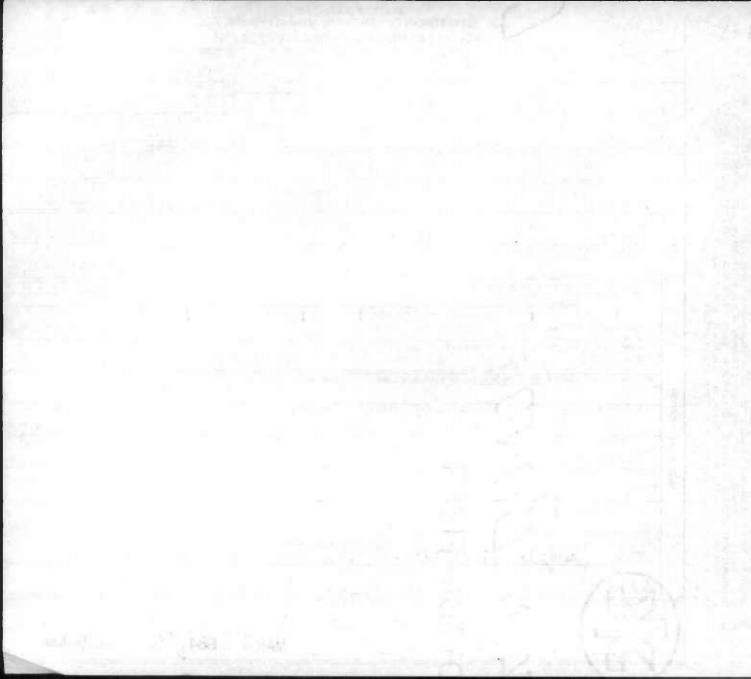


20M 4/82

STATE OF MARYLAND	7	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE		-
EDICAL EXAMINED'S CEPTIEICATE OF DEATH	£	

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1.		EASED NAMI	E FIRST		WIDDLE		1	LAST			2a. DATE 1	NOWN X	MONTH	DAY	YEAR	26 HOUR
1			Clev	reland	Α.		Wi.	lliams	5 J:	r.	DEATH	MATED	3	619		м
3	SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNI		IF UNDER	R 24 HRS	2c. DATE	CED	MONTH	DAY	YEAR	2d HOUR 8:07F
	Ma	le le	Black	2 6	26	58 YRS.	MONTH	DATS	HOURS	MIN.	DEAD	CED	3	61	9 84	O:U/F
1		THPLACE (S	TATE OR	7b. CITIZEN OF W	HAT COUN	TRY? 8.	MARRIE	D NE	VER MARR	IED X	9 BALTIM	ORE CITY C	OR COUNT	Y OF DE	ATH	
7	Vi	rgini		U.S.	Α.		VIDOWI		DIVORC		Balt	imore	City	7,		MD.
1	0. CIT	YORTOWN	OF DEATH	11. NAME OF HO			OR OTHE	R INSTITU	TION		JAL OCCUP		E OF WORK	126 KINE OR I	OF BUS	INESS
Ł		Baltim		2112 E	. Faye	ette Str	eet									
	SUAI 30. ST		(IF IN NURSING HOM	OR OTHER INSTITUTION, C	IVE RESIDENCE	OR TOWN		13d INSIDE CI	TY LIMITS?	113e STR	EET ADDRES	55		212	31	
L	N	[aryla				ltimor		YES X	NO 🗌		2 E.		ette	Str	eet	
ŧ		HER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAID			DDLE			ST	
ł		leve1	and	Α.		illiam	Sr	E	liza	beth			E	3o1d		
10	6a. W		DEVER IN U.S. A	RMED FORCES?	16b. SOC	IAL SECURITY N	10.	17 INFORA				ADDRESS				
L	, ,	YES	1. 1.2,01					Cal	vin '	Will	iams	526	East	27	th	St.
r		IR CAUSE O	F DEATH (Enter o	only ane cause per lin	e for (o), (b)	, and (c).)								BETWE	ROXIMATE I	INTERVAL AND DEATH
		PARTIDE	ATH WAS CAUS	ATE CAUSE (a)	Seizur	e disor	der									
		180	23		R AS A CON	ISEQUENCE OF										
	- 1		ns, if any, whice										0.			
ł	- 1	couse (a) lying cau	stating the unde	DUE TO, OF	R AS A CON	SEQUENCE OF										
Г				(c)												
	_ [PART 2 OTHER SI	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMINA	L DISEASE	OR CONDITION	N GIVEN IN PA	ART 1 (a).	1.4					
1	MEDICAL CERTIFICATION	10 5175 05	COSDATION										- 1			
1	V IC	IVO. DATE OF	OPERATION	196 COND	ITION FOR V	WHICH OPERAT	ION W	AS PERFOR	MED?						TOPSY?	
I	E	21- EVTERNIA	L CAUSE WAS	21b. TIME O	E INTUIDO		11. 110	NAC IN LIN LINE	O.C.C.IIDOI						S .	NO X
	27		OR CAUSE O			DAY YEAR	ZIE HO	W INJURY	OCCURRE	ED (ENTER I	NATURE OF INJ	JRY IN ITEM TE	PART I OR PAR	RT 2)		
1	Š	CONTRIBUTION CONTR			OF INJURY	19 (AT HOME.	216 100	ATION								
	ME	WHILE _	NOT WHILE AT WORK		CTORY, FARM, ET			REET			CITY OR TOV	/N	COL	YTAL		STATE
		AT WORK	AT WORK		i lilai											
		22a certi	fy that I took cha	rge of the remains de	scribed aba	ve, held an	Autaps	у 🔲.	Inspectio	n X.	Inquiry	, ar	nd in my op	noin		
		death result	ed fram: Nat	ural couses X,	Accident	, Suicio	ie 🔲,	Hamic	ide .	Undet	ermined ma	nner,				
		ACTUAL	Mari	1/ D	allh	111		TITLE (S					DATE			
7		SIGNATURE.	men	11/1	611	W.	M.	o. Assi	istan	t_MED	ICAL EXAM	INER	SIGNE	D	3/6/	84
+		EXAMINER'S	NAME M	argarita <i>1</i>	A Kor	ell M	D		111	Donr	st.	R=1+	SM O			
-		TYPE OR PRI	***/					ADDRESS_				Dail	O, Pid			
7.	30.BU (5P	RIAL, CREMA URIAL	TION, REMOVAL	3/12/8		IAME OF CEME				CITY	OCATION OR TOWN	36:11	COUN	MTY	STA	
2		NERAL DIREC		3/12/8	4 68	rrisor	1 F C				ings REGISTRA		S,	GNATH	Md.	•
		NAME		ADDRES					RAA.	RO	8 1984		Davids		ndall	
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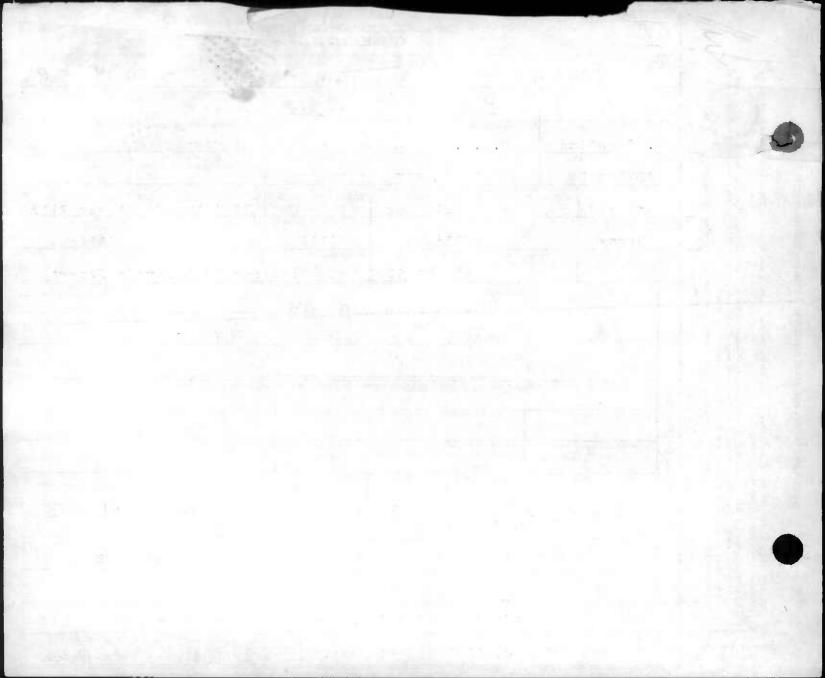


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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	
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	AL O	retained by the hospital or attending physicia
	SPIT	d by
	9	gine
10	0	6

	FOR STATE REGISTRAR	DEP/	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
	DECEASED NAME FIRST		WILLIAMS	REG. NO. 20 DATE OF DEATH MONTH DA 3 ZC	Y YEAR 26. HOUR 5 P
1	SEX M	1. RACE B	5. DATE OF BIRTH MONTH DAY YEAR 6 16 17	66 YRS.	UNDER 1 YEAR IF UNDER 24 HE ONTHS DAYS HOURS MI
10	BIRTHPLACE (STATE OR FOREIGN N. Carolina CITY OR TOWN OF DEATH BALTIMORE	U.S.A. 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	MARRIED L NEVER MARRIED L WIDOWED DIVORCED TRISING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNTY OF BALTIMORE CIT 12d USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)	TY.
) 13a	SUAL RESIDENCE (IF NURSING HO a. STATE Maryland FATHER'S NAME	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEOMETY 13c. CITY OR Balt	REFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS? TEMORE YES NO 1 15. MOTHER'S MAIDEN N		Street 2123
160	Harns WAS DECEASED EVER IN U.S 1 YES, NO OR UNKNOWN) (IF YE	ES GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	eda ADDRESS Liams 2304 Nevad	Williams la Street
ATION		DUE TO, OR AS A CONSE	neg sepsis		N IN PART 110
AL CERTIFICATION	OR CONTRIBUTION CAUSE	IG 21b. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCCU		NG CAUSES OF DEATH?
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	211. LOCATION	CITY OR FOWN	COUNTY STATE
	22g. L certify that (I) (this I	hospital) attended the deceased from 3 - 20 - 84		n death occurred on the date and hour of	, that (1) (we)
1	sow the deceosed of obove, (1) (we) (did) (d 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (Lawke	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF	220. DATE SIGNED

CTATE OF MADVIAND

DHMH - 16 50M 4/83 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and competers should be detached for use as the burial-transit permit. Then please remove carbonparpers. Pages, Pand 3-th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

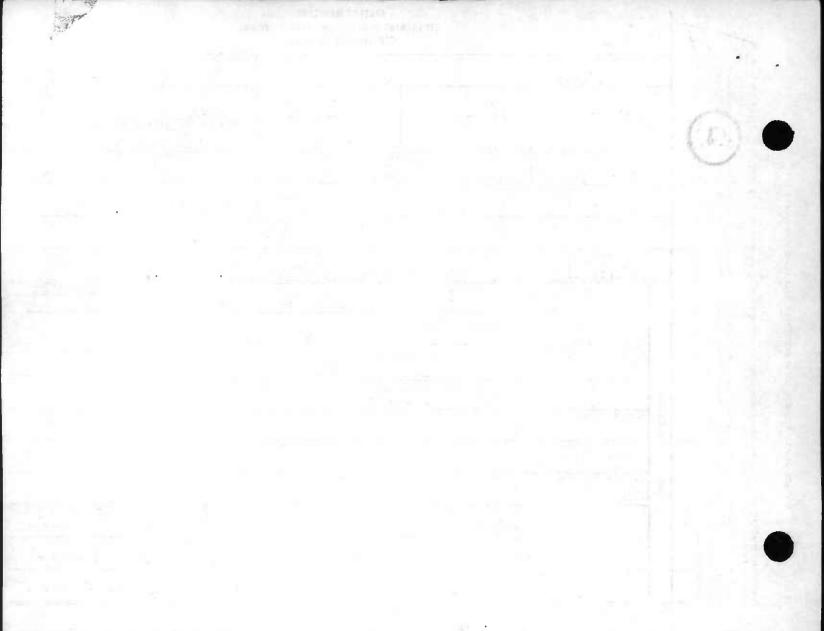
IMPORTANT: If Item 21 is morked or Item, 18 shows ony injury, or other troumotic event, the medical

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

1	1.	FOR STATE REGISTRAR		DEPARTA		EALTH-AN	D MENTAL HYG DEATH	IENE REG. N	10		
Ì		EASED NAME FIRST		MIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	(TIPE	JACOB		7	1772	MATS	100		3	10 84	7 94
Ì	3. SEX		4 RACE		5. DATE C	F BIRTH 5	1884	6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
ı	5	SIAM	W H	ITE	MONTH	TOM:	1000 TO	(XCENC) X	HOURS MIN		
1		PTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVE		9. BALTIMORE CITY			
1	/	RUSSIA	USA		WIDOWE		R MARRIED	BALTIM	ORE C	TTY	MD
1	10. CF	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C		ISTITUTION	12a USUAL OCCUPAT	ION	12b KIND C	F BUSINESS OR
1	1	BALTIMORE	LEUM	35010	HEPE	REW C	Castus	BRICK L			RUCTION
4	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUR	OTHER INSTITUTION	, GIVE RESIDENCE BEFORE		1134 INISIDE	CITY LIMITS?	13e. STREET ADDRESS			
4	- 1	MARYLAND		BALTIMOR		YES X	NO 🗌	3823 COTT.	AGE A	VE. 2121	.5
1	IE FA	THER'S NAME	MIDDLE	LAST		15 MOTHE	R'S MAIDEN NAA			ŁAS	
4		UNKNOWN		WILLIA	7115			UNKASW	11		
1		(IF YES, GIVE	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFOR	MANT B	ERNARD FTM	ESS		
Į	1	MAN KAXXXXX		579-10-	5034	3	307 LAUR	I RD. BAL	ΓΟ.,M		
I		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per	r line for (a), (b), and	dicil	/ =	4			BETWEEN	MATE INTERVAL ONSET AND DEATH
ı			TE CAUSE (o)	Cond	rone	1/6m.	Arra				
ı		4100	DUE TO, O	R AS A CONSEQUE	NCE OF	1					
ı		Conditions, if ony, which gove rise to immediate	(b)_	110	5.	Ha	u M	//			
ı		couse 101, stoting the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF		d.				
١			((c)		1+3	c W	7				
1	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	Sele u	EATH BUT	NOT RELAT	ED TO THE TERMI	INAL DISEASE OR COM	ADILION C	GIVEN IN PART 10)
ì	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	20g AUTOPSY?	20b. IF Y	res, were finding	VGS USED
1	TE							YES T NOT		TIFYING CAUSES YES	OF DEATH?
1	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY	V5 4 B	21c. HOW	INJURY OCCURR	ED (ENTER NATURE OF INJ			
	AL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		.M. MONTH DA M.	Y YEAR						
١	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ADAA ETC \	211. LOCA	TION	CITY OR TO	WN	COUNTY	STATE
ı	>	AT WORK AT WORK	(X1110, 311	KEET, FACTORY, OFFICE, IT						0 (STATE
J		220.1 certify that (1) (this hospi	(-9 / /	a 0	2/1	(, 19	_, to)	, 1984	that (I) we lost
ı		sow the deceosed olive on obove ((1) we) (did) (did no		ofter death.	, or	nd that in (m	y our opinion o	leath occurred on the o	dote and h	our and from the	couses stated
ı		22b. SIGNATURE	16711-	_		DEGREE	ATTENIDING	MEDICAL ST	cc	22c. DATE	SIGNED
1		10. ofe	NO VVV			471	PHYSICIAN [MEDICAL STA	CIAN (5.1	0.84
		22d. PHYSICIAN'S NAME (TYPE O	AROL	IN		Leu	indale	Geriatric ,	Hon.	Balto.	2/2/5
1	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY O	R CREMATORY	23d. LOCATION	-/-/		
	(5	PEBURIAL .	MAR.1	2,1984 W	ORKME	N CIR	CLE	BALTI	MORE	COUNTY	STATE
1	24 FU	NERAL DIRECTOR SOL	LEVINSO	N & BROS.	, INC	J.	25a DATE	REC'D. BY REGISTRAN		ISAKAR'S SIGNA	to the same of the
ı		6010 DETCTEDOTO	WIN DD	DALTO ME	211)1 E	I MA	K 1 4 1984	Trina	Proportioners	3

DHMH - 16 50M 1/76 (VR A 15 (4))

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MPORTANT:

24. FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST 2a DATE OF DEATH DECEASED NAME TYPE OR PRINTS MARGARET ELIZABETH WILLIAMS MARCH 84 IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 9 WHITE 1.900 FEMALE 83 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania U.S.A. BALTIMORE CITY DIVORCED WIDOWEDKI NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION II. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY KESWICK NURSING HOME Homemaker BALTIMORE CITY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

13b. COUNTY

13c. CITY OR TOWN

Roll + 1000 1333 W. 42nd Street 21211 Baltimore 13d. INSIDE CITY LIMITS? NO [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST William Alexander Reese Sara Jane Liddick WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (NES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214 30 3629 Dorothy P. Fisher same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21s. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED CITY OF TOWN COUNTY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from, 19 SLC. sow the deceased alive an_ and that in (my) (and opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did-not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE MEDICAL ATTENDING ND PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 700 West 40th Street Balto 21211 Harold P. Biehl M.D. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN Buria1 3/5/84 Woodlawn Cemetery Woodlawn Balto. Co.

DHMH - 16 50M 4/82 (VRA 15, 4)

Burgee Funeral Home 3631 Falls Road 21211

25a. DATE REC'D. BY REGISTRAR MAR 6

REG. NO.

who landson-Handell

March F/H Inc. 1101 E North Ave.

#2 4/17/84 mtb F#590

Part

- STATE

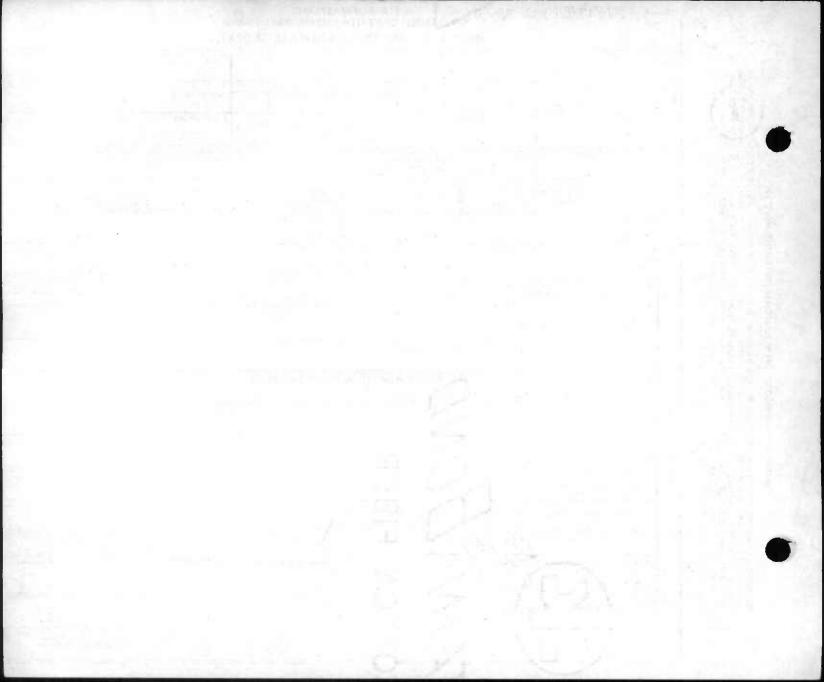
REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

24 FUNERAL DIRECTOR

DHMH - 17

(VR A15 ME (5)) 20M 4/82

	STATE OF ARTMENT OF HEAL AL EXAMINER'S			ATH	5 2		
MEDIC		(AST	T DE	RLO.	_	DAY YEAR	la Helle
MID				20. DATE KNOWN OF ESTI-	=		2b. HOUR
M	•	illiams		DEATH MATED	□ 3/30		M
IRTH DAY Y	6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDER	24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY YEAR	3:28
	43 41 YRS.			DEAD		/8419	Ам
OF WHAT C	OUNTRY? 8. MA	RRIED NEVER MARRI	ED 🗌	9. BALTIMORE CIT	Y OR COUNT	OF DEATH	
. A .		OWED DIVORC		Baltin	nore Ci	ty	MD.
HOSPITA	L, NURSING HOME, OR C	THER INSTITUTION		UAL OCCUPATION (TYPE OF WORK	26 KIND OF BU OR INDUST	JSINESS
	ty Hospital		FOR	MOST OF WORKING LIFE)		OK IIADUST	KT
ION, GIVE RES	IDENCE BEFORE ADMISSION)	L				2100	2/
130	. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES TO NO TO		REET ADDRESS	500 0	2071	126
1	Jessup	15. MOTHER'S MAIDE	P.		2500 0		
	LAST	FIRST		MIDDLE		LAST	
	illiams SOCIAL SECURITY NO.	Rebecc:	3	ADDRE	<u>A1</u>	ston	
	<u> 220 - 38 - 578</u>	2 Rebecca	Cui	ley 136	Allen	dale S	3 t
er line for (a), (b), ond (c).)					APPROXIMATI	E INTERVAL T AND DEATH
Art	<u>erioscleroti</u>	c Cardiovas	cula	r Disease			
	CONSEQUENCE OF						
OFATH BUT NO	OT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PA	RT 1 (a).				
rdiom	yopathy						
MOITING	FOR WHICH OPERATION	WAS PERFORMED?				20 AUTOPSY	?
						YES 💢	NO 🗌
ME OF INJUR R A.M. MC P.M.	URY ONTH DAY YEAR	HOW INJURY OCCURRE	D (ENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART	(2)	
	JURY (AT HOME, 211.	LOCATION STREET		CITY OR TOWN	COUI	NTY	STATE
1	d obove, held an Autident . Suicide .	opsy X, Inspection , Homicide TITLE (SPECIFY) M.D. Assistan	Unde	termined monner	and in my opi , DATE SIGNEE	3/30/8	34
R. Ka	uffman, M.D.	_ADDRESS_ 111	Penn	St., Balt	to., Md	. 21201	
4	23c NAME OF CEMETERY Arbutus M	or CREMATORY emorial Ph	CIT	OCATION OR TOWN Tbutus,	COUNT	Md	TATE
DDRESS 110	1 E North	4 10 10	REC'D. B	Y REGISTRAR 29 RE	a Dayldso	MATURE Andel	2



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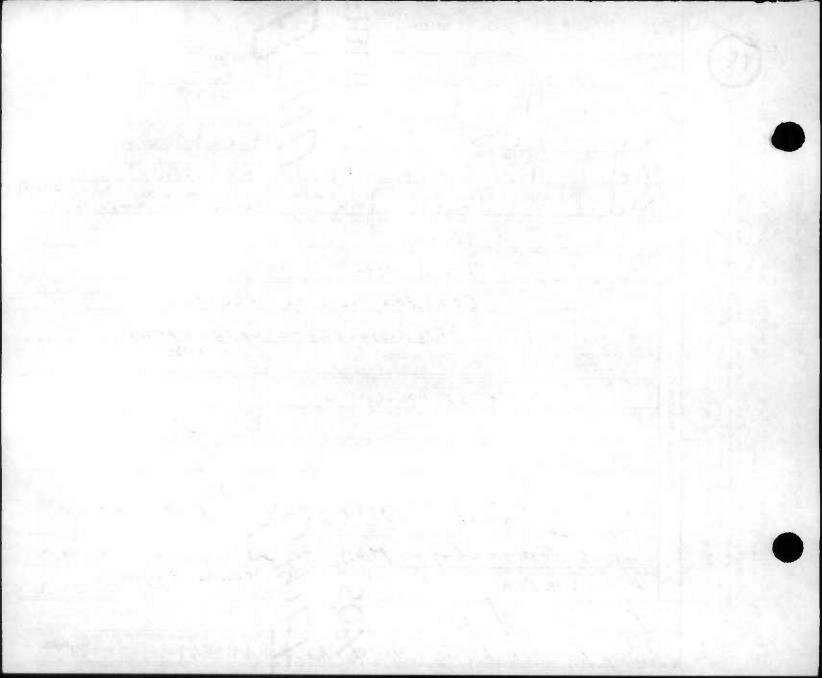
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO	O.		
	CHASED NAMED FIRST	WIDDLE	wi	Liams	20 DATE OF DEATH	MONTH DAY	S 84	26 HOUR M
7		BLack	5. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF U	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
7a. 81	STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	WIDOW		9 BALTIMORE CITY O	MONE	-	JY MD.
16. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR. PIE NOT IN SUCH FACHLITY GIVE STR		OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE)	12b. KIND OF INDUSTRY	F BUSINESS OR
USU/ 13a. S	AT RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEF INTY 13 CITY OR TO		134. INSIDE CITY LIMITS?	3026 B	ZPCODE	ison f	212
14. FA	THER'S NAME PROT	MIDDLE MAST	SOIJ.	15. MOTHER'S MAIDEN NA	MIDOTS		LAST	1
	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRE	SS		
	PART I. DE ATH WAS CAUS	anly ane cause per line far (a), (b), ED 8Y: ATE CAUSE (a) CERE	and (c)	VAS CULAR	ACCIDE.	NT	APPROXIM BETWEEN O	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A GONSEC	ERIO,	SCLEROTIC	CARDINA	ISCH LAK		
	underlying cause last.	DUE TO, OR AS A CONSEC		I NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART To	3.
NO.		DIABETES ,	MELL	itus.				
CERTIFICATION	IN. DATE OF OPERATION	196, CONDITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [NG CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	sow the deceased alive a	pital) attended the deceased from 19 10 10 10 10	100	nd that in (avy) (aur) opinian	death accurred an the de	13, 19. ate and haur a	nd fram the o	
	PANSIGNATURE	isman Chape	re 1	DEGREE 1335 ATTENDING PHYSICIAN	MEDICAL STAI	FF IAN (3/1	3/84
	A-K. CH	OPPRA		270 ADDRESS BOL	Secours Atmore	Hope	Tal 21	223
	BURIAL, PREMATION, REMOVA	7 23b. DAJE 84 23	C NAME OF C	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
24. FI	UNERAL BIRECTOR 1	eral Home	1348	V. Calhoon MA	R 1 6 1984	256. REGISTRA	R'S SIGNATI	ure andell

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If hem 21 is marked as should be detached for use with the State Dept, of Heal TO FUNERAL DIRECTOR.



DHMH - 17

(VR A15 ME (5)) 20M 4/82

FOR STATE EGISTRAR DECEASED NAME LITYPE CO PRINTS

ROZZII 5 DAT

Wan face P Hayer 235h 9. Inor 14

BIACK

18 CAUSE OF DEATH (Enter only one of

PART I DEATH WAS CAUSED BY

BALTIMONE 10. CITY OR TOWN OF DEATH

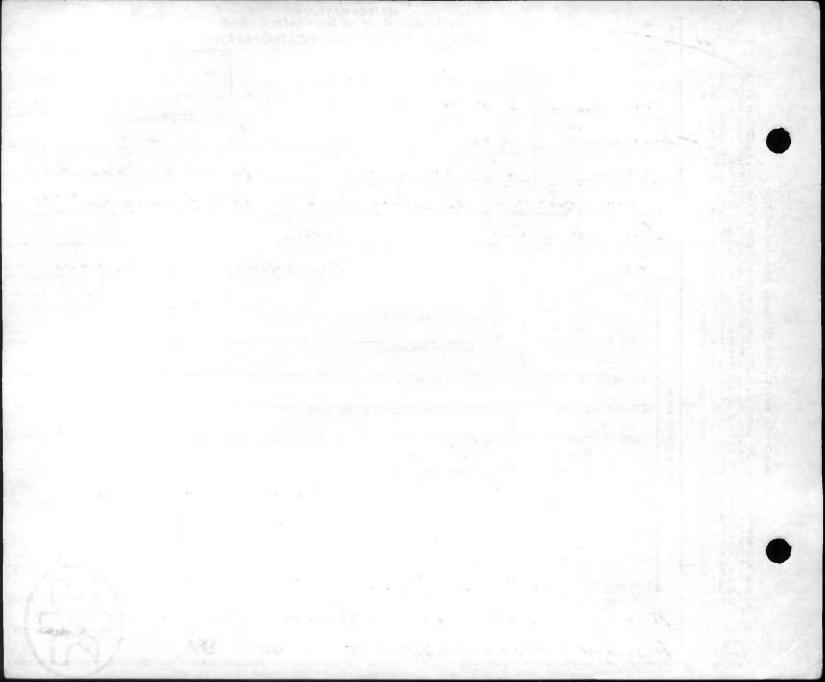
Baltimore

(YES, NO, OR UNKNOWN) NO

13a. STATE

		STATI MENT OF H EXAMINE		AND M	ENTAL			REG.	NO.			
	WIDDLE		LA	AST			2a. DATE K	NOWN	MONTH	DAY	YEAR	26. HOUR
ZZIE	J.	V	WILLI	AMS			DEATH	MATED	□ 3-2	-84	19	M.
5 DATE OF BIRTH	YEAR	6. AGE (IN YEAR				R 24 HRS.	2c. DATE		HINOM	DAY	YEAR	2d. HOUR
MONTH DAY	47	36 YRS	MONTHS	DAYS	HOURS	MIN,	PRONOUN DEAD	CED	3-2	-84	19	4AM _M
76. CITIZEN OF WH	IAT COUNT		MARRIED		VER MAR				r <u>or</u> cour e Cit		DEATH	MD.
11. NAME OF HOSE	CILITY, GIVE STI	TREET ADDRESS)		INSTITU	TION	FOR	MOST OF WORK	ATION (126 KI	R INDUSTI	ISINESS RY
OTHER INSTITUTION, GIV	VE RESIDENCE &	BEFORE ADMISSION OR TOWN	N)	3d. INSIDE ((ITY LIMITS? NO [lu- ere	REET ADDRES		RID	-	5	
MIDDLE	ı	LAST	1	3 F	ER'S MAIL	DEN NAME	E	DDLE			LAST	
ED FORCES? AR OR DATES)	166 SOC	CIAL SECURITY		1. INFOR		'ARR.	15 88	ADDRE		131	rd	
one cause per line BY: CAUSE (Guns			f pos	teri	or cl	nest	(back)				PPROXIMATE WEEN ONSE	E INTERVAL T AND DEATH

IMMEDIATE CAU DUE TO, OR AS A CONSEQUENCE OF Canditions, If ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 👿 NO T 210 EXTERNAL CAUSE WAS 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) XOR UNDERLYING subject shot MEDICAL CONTRIBUTING CAUSE OF DEAT 21e PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) blk. E. North Ave. Baltimore, Maryland AT WORK AT WORK X 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Homicide XX Undetermined manner death resulted frame Natural causes TITLE (SPECIFY) Assistant DATE 3-2-84 ACTUAL Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT BRBUTUS GEM. PARK 23a BURIAL, CREMATION, REMOVAL MAR 7 1984 July 1860 Strang 1860 MAR 7 1984



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT If hem 21 is marked or han 18 short on injury, as other traumatic event, the medical

FOR

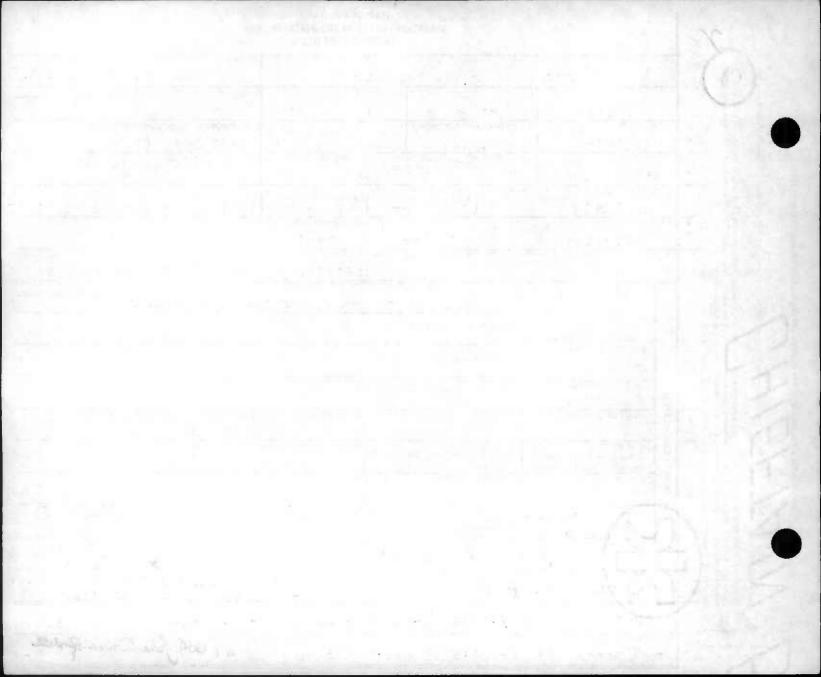
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST	A	MIDDLE		AST	26. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
LITTE	OR PRINT)	VIOLA		С.	WILLIA	MS	MARC	H 24,	1984	10:50A.
3. SE	Х	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	
	Fema1	6	R 1	ack	MONTH		79	YRS.	MONTHS DAYS	HOURS MIN.
7a. 81	RTHPLACE (STATE		. CITIZEN OF		NTRY? 8.		9. BALTIMORE CITY		Y OF DEATH	
1	country) /irginia		11.	S.A.	MARRIE	D NEVER MARRIED DIVORCED	BALTIMO	RE CI	ITY.	MD.
	ITY OR TOWN OF		1. NAME OF	HOSPITAL, N	NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OR
	LTIMORE		CHURC	H HOM	E STREET ADDRESS) 1E HOSP	ITAL	(TYPE OF WORK FOR MOST O	IF WORKING LI	IFE) INDUSTRY	
	AL RESIDENCE (IF N STATE (aryland	. 1	THER INSTITUTION,		R TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	Preso	stman	St.21217
	THER'S NAME			Dare	IMOIC	15. MOTHER'S MAIDEN NA		. 1 0 5 2	J C III G II	DC. ZIZI,
	Prest		IDDLE		10r	Mamie	MIDDLE		LA	.51
	VAS DECEASED EV		ED FORCES?	166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDR	ESS		
UN	KNOWN	(11.100, 01.10				Lillian E.	Burke 18	18 P1		an St.
CERTIFICATION		immediate of the use last.	ONDITIONS CO	ONTRIBUTIN		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YE	S, WERE FINDS	INGS USED
IFF							YES NO NO		IFYING CAUSES	S OF DEATH?
CAL CER	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY M	CAUSE OF DEAT	2 lb. TIME O HOUR A	M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	WHILE NOT AT WORK	URRED	210. PLACE (OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		(I) this hospito posed alive an (dio (did not)	and the same of th		19 <u>84</u> , a	UARY 6 1984 nd that in (my) Our apinian	, 10	24 ote and ha	ur and from the	
	22b. SIGNATURE	A	f- 1	Van	emi	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN V	MARC	E SIGNED TH 24,1984
	A. NAZE		A P	7. 6)			CORPO MARYL		100 N.
	BURIAL, CREMATIO	N, REMOVAL	3/27	/84		s Memorial	PK Arbutu	s,	COUNTY	Md . STATE
24. F	UNERAL DIRECTOR			40	Dates	25a. DA	TE REC'D. BY REGISTRAP	256 REGIS	DANG SIGNA	Mandall
Wn	n C Marc	h F/H	Inc.	1101	E Nort	h Avenue	27 1904	June	Las falteria	

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

March F/H Inc. 1101 E

retained by the hospital or attending physician.



director, page 3 nous after death

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST		MIDDLE		AST 1	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	MARY		=	10	1415		3 1	1 84	10 AM
3. SE	K	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
2	Female	B1	ack	12	5 24	59	YRS.		
Jr. N	THPLACE STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
44	ryland	U.S	. A .	WIDOWE		BALTIMO	RE CI	TY.	MD.
Dr.	OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS OR
187	Ttimore		RSITY HO		TAL	(TIPE OF WORK FOR MOST	O	HADOSTKI	
USU	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	R OTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 710 CODE		
	rvland		Balti		YES XX NO	2818 W.		h Ave	nue2121
	THER'S NAME		1 1 1 1 1 1	MO L C	15. MOTHER'S MAIDEN NA	ME			
	Levi	WIDDLE	Hollv		Marv	M .		Bari	
	VAS DECEASED EVER IN U.S. A		16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	Dar	1100
{	YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			Alverta We	oms 1140	N Ca	1 houn	Street
	18 CAUSE OF DEATH (Enter of	inly one couse per	line for (a) (h) land	duci I	IAIVELLA WE	CIII 1140	N. Oa	APPROX	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY:			LEMIC 5	HOCK		J. A.	45 MIN
	5234 IMMEDIA	ATE CAUSE (a)			COMIC OF	P.			7-111
	Conditions, if ony, which	DUE TO, O	R AS A CONSEQUE	NCE OF	0050 61-0	DIE STATE	EDA	0	2 HRS
	gove rise to immediate	(b)	23570		MICH CATIVE	0-01			
	underlying cause lost.	DUE TO, O	R AS A CONSEQUE	NCE OF	0-111000	AL ENGS	-		
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBITING TO D	E ATH BUT	NOT DELATED TO THE TERM	INAL DISEASE OF COM	IDITION CIVI	EN IN PART 1:	
Z	RICHE HONDE	411105	26-10 0	1	VTRICULAR M.		VOITION ONE	.14 1141 7401 740	
MEDICAL CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH		N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
FIG						YES NOW	IN CERTIFY YES	YING CAUSES	OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME C	F INJURY		21c HOW INJURY OCCUR				
AL O	OR CONTRIBUTING CAUSE OF DE	ALIA I	M. MONTH DA						
DIC.	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P. PLACE		19	211 LOCATION				
ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	NWC	COUNTY	STATE
	22a.1 certify that (I) this hasp	ital attended th	e deceased from		7-77 1084	/ 10 .3	-11	10 84	that (1) (wa) (hu)
	saw the deceased glive a		4.1	34, ar	nd that in (my) (aur) opinion	death accurred an the o	ote and hour	and fram the	couses stated
	above (Iv(we) (did)) did n	at) view the bady	atter death.		DEGREE			22c DATE	SIGNED
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	BURIAL, CREMATION, REMOVA SBURIAL	3/16			EMETERY OR CREMATORY	23d. LOCATION CITY OR LOWN em - Arlin		COUNTY	ŸÃ.
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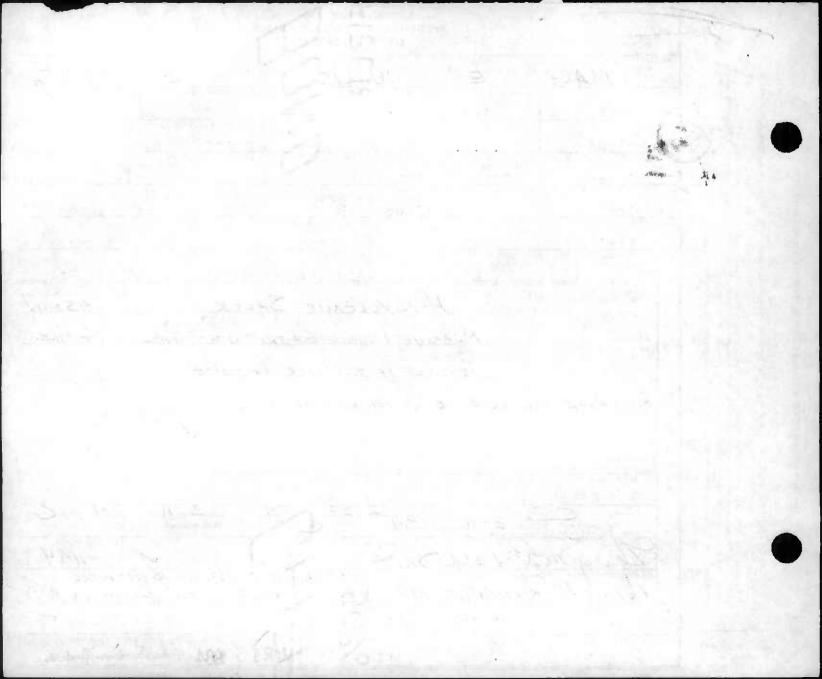
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10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages! with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

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MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page from retained by the hospital ar ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the turn of director should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages and 2 should be filled within 72 hours there death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Æ.	18.3
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STATE OF MARYLAND

1.	STATE REGISTRAR	DEPAR	CERTIF	ICATE OF DEATH	REG. NO),		
	CEASED NAME ROBE	Robert MIDDLE Paul	WIL	¹⁵¹ Wills LS	3/28/80	4	YEAR	26. HOUR 9-25
3. SE)	* Male	4. RACE White	5. DATE O		6. AGE (IN YEARS PAST BIRTY			HOURS
(RTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	7? 8. MARRIE WIDOWI	D NEVER MARRIED A	9. BALTIMORE CITY OF	by Bal	DEATH Limone	(ity
10. CI	Baltimore	11. NAME OF HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION FACTORY WO	WORKING LIFE)	INDMSTRY	of BUSINES
130,45	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO 130. SITY OR TO	WN	13d. INSIDE CITY LIMITS?	135 STREE SADDRESS (Cornwa	UStr	eet 2
14. FA		ward Wills		Victoria	May		Shoo	ž
16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC VE WAR OR DATES) 218-30		17. INFORMANT Lillian M.W.				
	PART I. DEATH WAS CAUSE	nly one couse per ling for (a), (b) of the couse per ling for (b), f the couse per ling for (b) of the couse per ling for (b) of the couse per ling for (b) of the couse per ling for (b) of the couse per ling for (b) of the couse per ling for (b) of the couse per ling for (b) of the couse per ling for (b) of the couse per ling for (b) of the couse per line per ling for (b) of the couse per line per l		lmonary	Arrest		BETWEEN	ONSET AND DE
	Conditions, if ony, which	DUE TO, OR AS A CONSEQ	UENCE OF	J				
	couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEO		NOT BELATED TO THE TERM	AINAI DISEASE OB CONID	NITION GIVEN	IN BARTO	
NON	(R)CVA	Diabelis 1	velli	/ - A A A	c Unstal	de a	ngi	na
CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WASPERFORMED	200 AUTOPSY?	IN CERTIFYIN	IG'CAUSES	OF DEATH
	71g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	DE DEATH MONTH DAY YEAR DE SAST BIRTHDAY) O YRS. O YRS. ORE CITY OR COUNTY OF DEATH CAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	10	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM. ETC.)	216 LOCATION STREET	2/90/10		COUNTY	STA
	sow the deceased alive or above, (!) (we) (did) (did no	ital) assumed the deceased from	-	nd that in (my) (our) opinion	death occurred on the do	te and hour or		
	226. SIGNATURE	sulhous		ATTENDING PHYSICIAN	MEDICAL STAF		3	28 8
	224. PHYSICIAN'S NAME	JYOTIN PA	RIKH	220. ADDRESS	2 Samar	elan	Hosp	b. Ber
	BURIAL, CREMATION, REMOVAL ISPECIFY) Burial	23b. DATE 236		n Park (em	23d. LOCATION CITY OF TOWN Baltimore	e Citu	Md.	STA
	UNERAL DIRECTOR	. & Son 6224 Ea	nton		R 3 0 1984	Sh. REGISTRA		

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uneral director, page 3

211	ALE OF MAKTI	.AND	(3)
EPARTMENT OF	HEALTH AND	MENTAL	HYGIENE
CERT	IFICATE OF	DEATH	

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.		
	DECEASED NAME FIRST	E WIL	SON,	AST	20 DATE OF DEATH	3 14	84	26 HOUR 9.40 P
3.	SEX F	4. RACE	5. DATE O		6. AGE IN YEARS LAST	BIRTHDAY) IF UI	NDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	a. BIRTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	MARRIE WIDOWE	D NEVER MARRIED D DIVORCED	Baltimore City	OR COUNTY OF	DEATH	MD.
10	BALTIMORE E	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120. USUAL OCCUP		126. KÍND O INDUSTRY	F BUSINESS OR
	USUAL RESIDENCE (# NURSING HOME OF 136 COU MD	INTY 136 CITY		13d INSIDE CITY LIMITS?		s/ZIP CODE rbert S	t, 2	1217
14	4. FATHER'S NAME		sk.	15. MOTHER'S MAIDEN NA Mable	WIDDLE	B	rown	ī
16	60 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!	16-5053	Catherine Massoc A	Smith 48			
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	NSEQUENCE OF	mure live	vojan ta	ONDITION GIVEN	IN PART 1(c	3.
ł	190 DATE OF OPERATION 3.7.89 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WIN CERTIFYING		
	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED AT WORK AT WORK	EATH HOUR A.M. MON	19	211 LOCATION STREET	- 32	njury in ITEM 18 PART 1	OR PART 2}	STATE
	220.1 certify that (1) (this hosp saw the deceased alive o	0 111	19. 84 , ar	od that in (my) (our) apinian DEGREE ATTENDING	death occurred on the	tAFF	d from the	
	BAL. N.	SHRESTH	A	22e ADDRESS 1 TU		My Are	-15	
2	30. BURIAL, CREMATION, REMOVA (SPECIFY) Bürial	3/20/84		EMETERY OR CREMATORY US Mem. Pk.	230 LOCATION CITY OF LOWN Balt	imore	CO.	MD STATE

DHMH - 16 50M 4/83

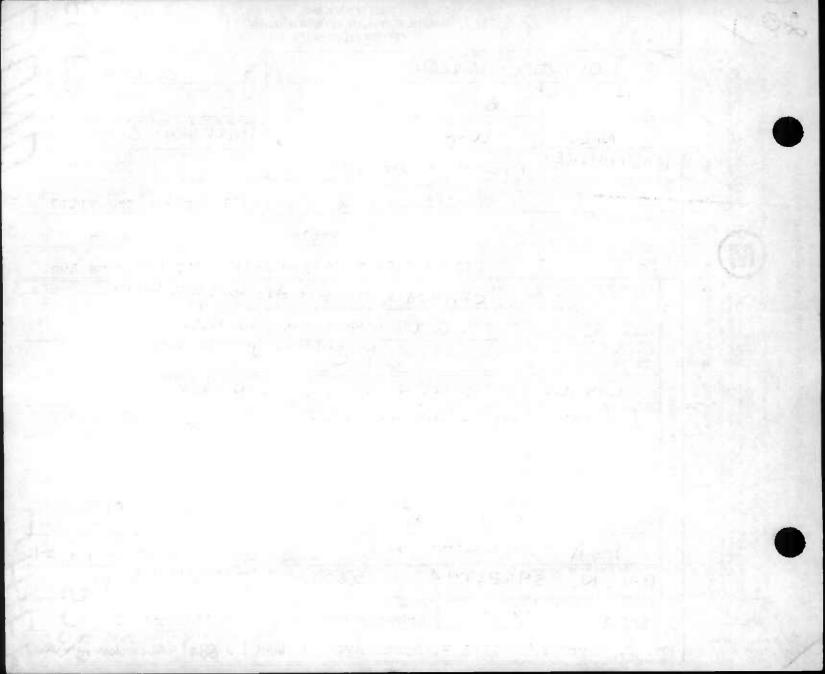
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phyllin should be detoched for use as the burial-transit permit. Then please remove carbonpoor with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If them 21 is morked

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

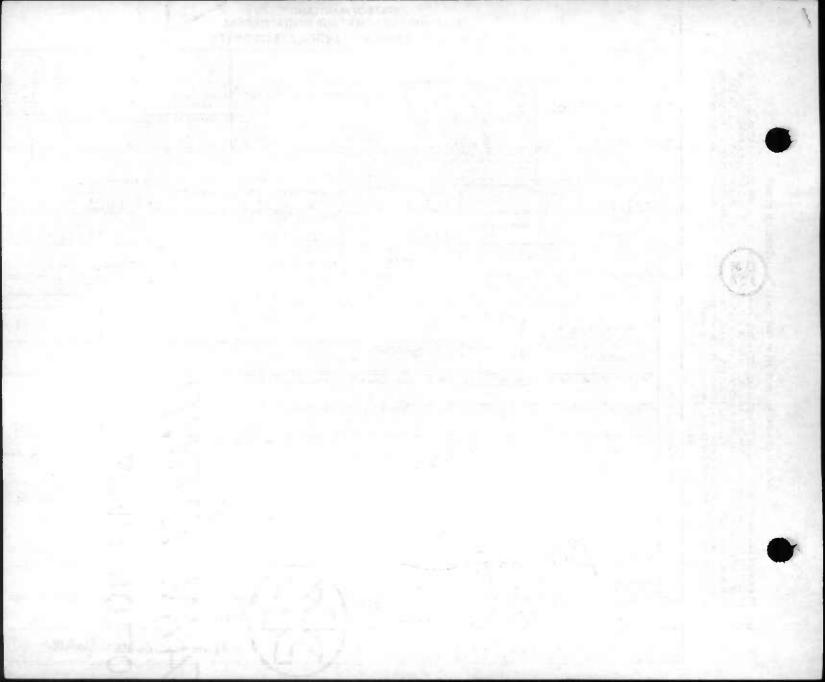
> Smrial 3/
> Paral Director
> Wm. March F/H 1101 E. North Aye. (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE
MAR 1 9 1984 Julia Davidson Randelle



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., EALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLDSTEIN DEATH. IF ANY FELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PRICE IN THE REPORT OF THE PAGE 4 SHOULD. BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG MITHER BEFORM THIS IS RETAIN PAGE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRAL. TRANSIT FERMING OF MITHER STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DIVISION OF WHAN PECORDS, AN BALTIMORE, MARKILAND, 2), 20, PRIOR TO BURRAL, CREMATION, OR FEMOVAL.
DIVISION OF VITA	TO MEDICAL EXAMNER: THIS CERTIFICATE SHC EXECUTE THE CERTIFICATE, WRITING THE WORD AGGE 4 SHOULD, BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE UN AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21 201 PRIOR TO BURIL

	FOR			DEPART					HYGIEN	Z 5	Gert.	9			
	STATE REGISTRAR		MI	EDICAL	EXAMIN	IER'S	ERTIFIC	CATE	OF DEA	TH	REG	NO			
	CEASED NAME OR PRINTS	E FIRST		MIDDLE			LAST		1	20. DATE	KNOWN		AONTH I	DAY YEAR	2b. HOUR
(17P)	EORPRINIT	TAME	KA			V	ILSON				MATED	0 3	3 14	4 1984	
. SEX		4. RACE						IF UNDER	24 HRS.			MC	ONTH	DAY YEAR	1:43
	emale		TAMEKA Comparison Comparis	3 14		p									
7a 81	RTHPLACE (S	DEPARTMENT OF HEALTH-AND MENTAL HYCIENÉ MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO TAMEKA LAST	OUNTY	OF DEATH											
Ma	arylar	nd													M
	ortown Baltimo		(IF NOT IN SUCH	FACILITY, GIVE	STREET ADDRESS)			TION					WORK 12b	OR INDUS	
SUA	L RESIDENCE	(IF IN NURSING HOME C	OR OTHER INSTITUTION.	GIVE RESIDENCE	E BEFORE ADMISSI									21202	
Ba S	TATE	13b. COUN		13c. CITY	YORTOWN							i n +			7
	arylar			I Rg	TC1MO	r e					. Sa	Int	Pau	II SC.	.Apt/
T. FA	FIRST		MIDDLE	*** 3			F	IRST			MIDDLE			LAST	
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(46	S, NO, OR UNKNO			,		r NO.	-		Web	b 29			kros	se Ave	e.
	18: CAUSE C	F DEATH (Enter an	ly one couse per lin	ne for (a), (b	o), ond (c).)									APPROXIMA BETWEEN ONS	TE INTERVAL
	PARTIDI			Smoke	inhala	tion	& the	rmal	inju	ry				BETWEEN ONS	SET AND DEATH
-7	89	102		R AS A CO	NSEQUENCE	OF									
			4.5												
	cause (a	stoting the under-	< ' ' -	R AS A CON	NSEQUENCE (OF									
	lying car	ise last.	1 (
	PART 2 DTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TERM	IINAL DISEAS	OR CONDITIO	N GIVEN IN PA	RT 1 (a)						
N															
ATI	19a. DATE OF	OPERATION	19b. COND	ITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?						20. AUTOPSY	Y?
IFIC														YES 🗌	NO X
CERTIFICATION			21b. TIME C	OF INJURY		21c H	OW INJURY	OCCURRE	ED (ENTER	NATURE OF I	JURY IN ITE.	M 18 PART	1 OR PART 2		
	UNDERLYING	NG CAUSE OF	HOUR AT	W 3-1	A O		uico f	ire							
WEDICAL	21d INJURY	OCCURRED	21e PLACE	OF INJURY	(AT HOME,	21f LO	CATION	TIE.							
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	AT WORK	AT WORK	r	iouse		1 1	34 St			• , Ba	ito.				Md.
	22a I cert	fy that I taok charg	e af the remains d	escribed abo	ave, held an	Autop	sy 🔲,	Inspectio	ın X	Inquiry	Ш.	and in	my apini	an	
	death result	ed from Notur	ral causes .	Accident	X, Su	icide 🗌	, Homic	ide .	Undet	ermined m	anner [].			
		An.	0												
)	ACTUAL SIGNATURE	IIV	TAY	1		M	.D. Ass	istar	It_MED	ICAL EXA	MINER	C	DATE SIGNED.	3-15-	84
-	EXAMINER'S	NAME Ann	n M. Dixo	n. M.	D.							.0.	Md.	21201	
3a. Bl	(TYPE OR PRI	TION, REMOVAL 2					R CREMATO	ORY	23d. LC	CATION					
	"BURIA		3/19/84	C	edar l	HILL									Md.
24. FL	JNERAL DIREC	TOR	ADDRE	55							AR 256. R	EGISTRA	AR'S SIG	NATURE	
Im	C Mar	ch F/H	Inc. 11	101 E	Nort	h Av	enue	MAK	19	1984	gune	NOW	(d)01/-	Marione	1
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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-trainst earnst. Then please remove carbonpapers. Pages I and 2 should be filled within 72 with the State Dept. of Health and Mental Hygerse prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shaw, any injury, or other traumatic event, the

FOR - STATE

STATE OF MARYLAND

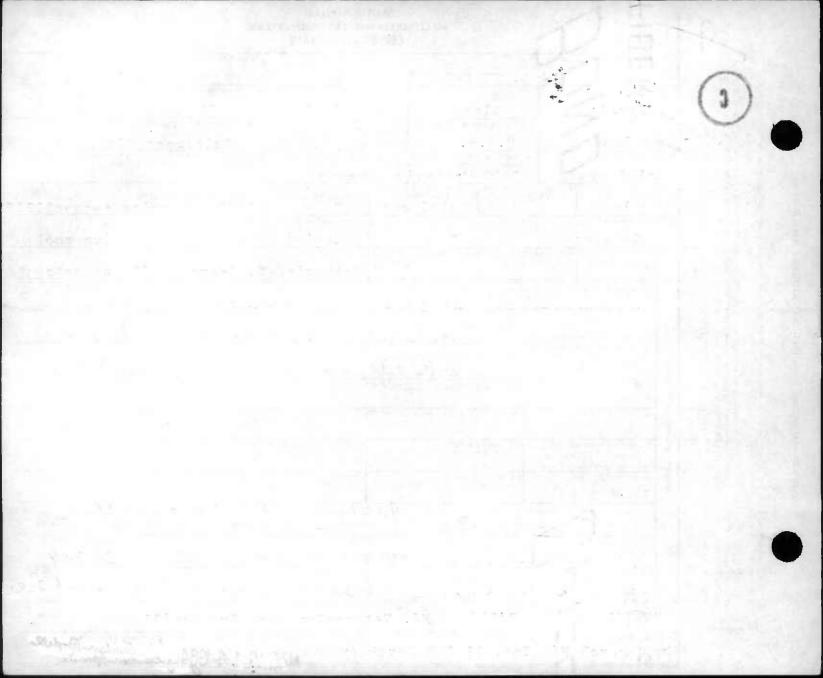
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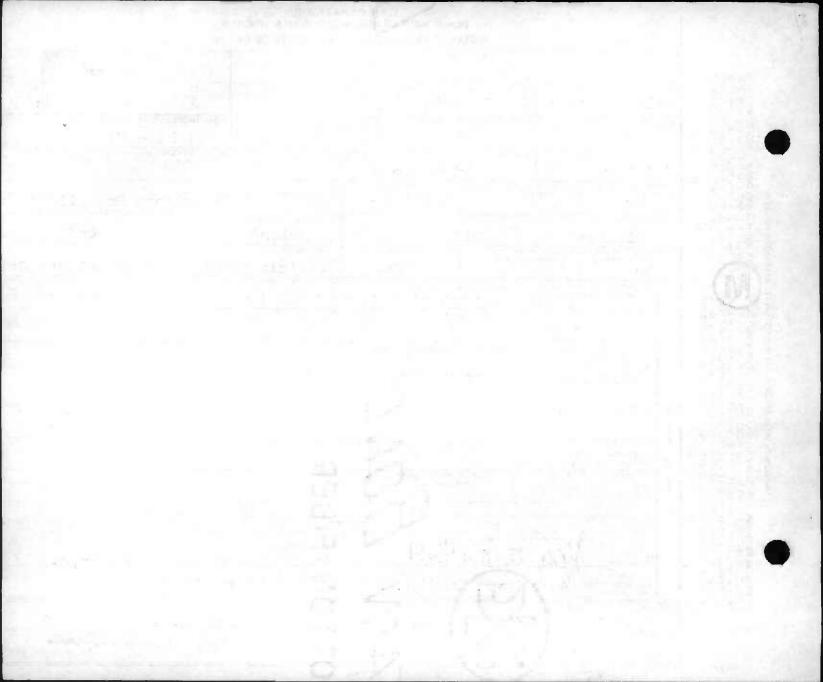
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- 1		REGISTRAR			CERTIF	CATE OF DEATH	REG. NO	D .			
1		CEASED NAME FIRST	,	MIDDLE	L/	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR	_
1	TIME		L. WI	LSON			MARCH	8,	1984		М
1	3. SEX	(======================================	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	_
1	-	Female	В1:	ack	MONTH	28 29 YEAR	54	YRS.	DAYS DAYS	HOURS MIN.	
d		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH		_
	Ma	aryland	U.S.		WIDOWE	D DIVORCED	Baltim			MI	
	10. CI	TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSING H FACILITY, GIVE STREET A	G HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OF	t
1	1	altimore	2633	Watervi	ew A	venue					
-	13a. S	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		1,19	
)	Ma	aryland		Baltim		YES 🔀 NO 🗌	2633 Wat		w Ave	nue212	25
d	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM FIRST	AE MIDDLE		LAS	7	
	1	Calaway	Moote	Epps		Marion	Model		- 4	rpool	
	16a. W	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS			
	S	(ES, NO OR UNKNOWN) (IF YES, GT	VE WAR OR DATES			Catherine :	S. Kearne	y 447		nstown	
1		18. CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b), and	(c).T	91.			BETWEEN	MATE INTERVAL DINSET AND DEATH	
1		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	cardio	Peulm	rongy and	rest				
		1749	DUE TO, O	R AS A CONSEQUE	NCE OF				1		
		Conditions, if any, which	((b)_	meta	concer		146	1 year			
	-	gove rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF						
		underlying cause last.	(c)	scles	ode	Ina			100	1.COVS	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1) ·	_
	CERTIFICATION										
P	CAI	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDING CAUSES		
	RIF					<u>.</u>	YES NO			NO 🗌	
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART T OR PART 2)		
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	AIR		19						
	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY	ARM FIC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	2	AT WORK AT WORK						4			
		22a. I certify that (I) (this hasp			401	1, 19 8 3	, to MMC	<u> </u>		that (I) (we) las	st
		sow the deceased alive or above, (1) (we) (did) (aid no	Merch Diview the body		74, on	d that in (my) (our) opinion o	death occurred on the de	ate and hour	and from the	couses stated	
		22b. SIGNATURE	// /		1	DEGREE			22c DATE	SIGNED	
		(Nin W.	Sale	man	mo	ATTENDING PHYSICIAN	DIRECTOR PHYSIC		3/13	184	
		224 PHYSICIAN'S NAME ITYPE				22e ADDRESS		0 1.	1	112	
		Aron W	Berk			3001 S. Ha	nover St.	Balti	more.	Md, 2h	30
	23a. 8	BURIAL, CREMATION, REMOVAL BURIAL	3/14	/84 Md		EMETERY OR CREMATORY teranCemeter	23d. LOCATION		4.1	ďď.	
		JNERAL DIRECTOR	1 -				REC'D. BY REGISTRAR		,		_
		CamMarch F/H	Inc.	1101 ADDRESS N	Jorth		A	a per ale	- PA	Shark,	
		1141011 1/11				MAR	14 14 4	he David	lan-for	Labba	_
							• 0	ut .			

DHMH - 16 50M 4/83 (VRA 15, 4)

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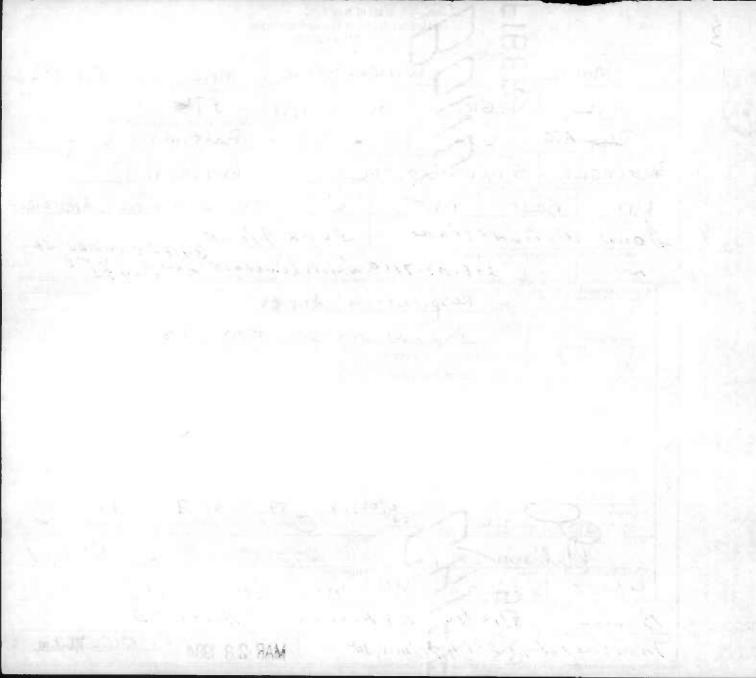
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SIVISION OF VITAL RECORDS, 201 W. PRESION ST., OALTIMORE, MARIEN ST. 21.20		hot	
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		EN	tol
		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou	etained by the haspital ar attend
	7	O	he h
-		ITAL	by t
		OSP	Pa
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B	1,	FOR - STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IEN 7 5 6 2	
7.5	1. D	REGISTRAR ECEASED NAME FIRST PE OR PRINT) SAMUEL	MIDDLE	JINCHESTER	REG. NO. 20. DATE OF DEATH MONTH MARCH Z	DAY YEAR 26. HOUR 3
80	3. S	MALE	NEGRO	5. DATE OF BIRTH MONTH DAY VEAR VEAR VEAR VEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Mrs. 72 mg	0	COUNTR BLOWN.C.	D. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY BOUT MOV	e City MD.
tiled wit	8 F	SALTIMORE JAL RESIDENCE 11 FINDSING HOME OR	SING HOS	TAC	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126, KIND OF BUSINESS OR FEI INDUSTRY
should be	130.	STATE 136. COUN BU		13d INSIDE CITY LIMITS? YES NO [] 15. MOTHER'S MAIDEN NA	136 STREET ADDRESS / ZIP CODE	
complete s ond 2	20 -	WAS DECEASED EVER IN U.S. ARA		RITY NO. 17. INFORMANT	Lowe Boys &	WAR. DS St
sician and pers. Page al. , the medii	/ -	18 CAUSE OF DEATH (Enter onl	y one cause per line for (a), (b), and	d (c).)	LONGE LANDO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tending phy te carbanpa an, or remov umatic event	7	5070 IMMEDIATE	DUE TO, OR AS A CONSEQUE	NCE OF	mon 1 17 5	
by the of		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
en signed Then ple or to buric y injury, o	NOIL			DEATH BUT NOT RELATED TO THE TERM		
te has be usit permit giene pris shows on	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
certifica riol-tran tental Hy Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	AY YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 I	
After this se as the bualth and M marked ar	MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREFT, FACTORY, OFFICE, F		to 3 24	COUNTY STATE
thed for us bept, of He them 21 is		sow the deceased give on obove, (I) (we) (did) did not 22b. SIGNATURE	3 27 10	, and that in (my) (our) pinion DEGREE	death occurred on the date and hou	
should be detact with the State DIMPORTANT: If I	,	224 HYSICIAN'S NAME (TYPE OF	10.4	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/27/84
should with th	230	BUBBAL, CREMATION, REMOVAL	0 1	NAME OF CEMETERY OR CREMATORY	Mospi et Dal	COUNTY STATE
		BUNIAL	3/27/84	MAKUSUNN	13401	

DHMH - 16 50M 4/83 (VRA 15, 4)

In War Tall & Hongra 138 4 Afis /m W St

MAR 28 1984 June Daydon-Rondelle



FOR STATE REGISTRAR L DECEASED NAME

STATE OF MANTLAND	- 1
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

	CERTIFICATE OF DEATH	REG. NO.		
DIE	Windom	Narch 24		3:30p
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.

DECEASED NAME FIRST OISSIE	(OISSED)	Windom	2. DATE OF DEATH MONTH	1984	2b.
sex Male	Negro	5 DATE OF BIRTH OCH 19 ^{AY} 1929	6 AGE (IN YEARS LAST BIRTHDAY) 54 YRS	IF UNDER 1 YEAR	IF L
70. BIRTHPLACE (STATE OR FOREIGN COUNTY ENNA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED			
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	124 USUAL OCCUPATION	12b. KIND O	FBU

И	3 SEX	4 RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNE	ER I YEAR	IF UNDE	R 24 HRS
	Male	Negro		OCT	19"	1929	54 YRS	MONTH	DAYS	HOURS	MIN.
	76. BIRTHPLACE (STATE OR FOREIGN COUNT PENNA	U.S.	WHAT COUNTRY?	MARRIEI WIDOWE		R MARRIED DIVORCED	Baltimore city or country Baltimore				MD.
1	BALTIMORE		HOSPITAL, NURSIN HACILITY SINESTREE HOLD AND V			ISTITUTION	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CLERK			F BUSIN	ESSOR
)	USUAL RESIDENCE (# NURSING HOME IN STATE IN THE INTERPRETATE INTERPRET	OR OTHER INSTITUTION, JNTY	BALTIN	ORE	134 INSIDE	CITY LIMITS?	3806 ROLANDV	IEW	RD	21:	215
2	OISSIE	widorel.	WINDOM		MO	R'S MAIDEN NA	BILLUPS		LAS		
	(YES NOORUNKNOWN) (IF YES O	REAN	218-28-			8 N. S	E. WINDOMS TRICKER ST. 2	121	.7		
7/8	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per SED BY ATE CAUSE (0)	A 4		KESI	PIRATO	MY AMPEST	F	APPROX BETWEEN	MATE INTE	PVAL D DEATH
	Canditions, if any, which	DUE TO, OI	R AS A CONSEQUE	NCE OF	ANC	REAT	ic cancer	1			
	couse (a), stating the underlying cause last	(c)	R AS A CONSEQUE		NOT RELAT	ED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN	PART 10	g)	
-	No DATE OF OPERATION		TION FOR WHICH					- 3		NGS USE	D

% DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20s AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	
			YES NO	YES	NO [
218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INA	IRY IN ITEM 18, PART 1 OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
220.1 certify that (1) (this haspital)	attended the deceased from	. 19	, to		, that (I) (we) I

D. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	721. DAJE SIGNED
	PHYSICIAN DIRECTOR PHYSICIAN	1 6 6
L PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS	

PHYSICIAN'S NAME (TYPE OR PRIN	T					220	ADDR
MoHannes	C	A1 -	IKK	AU	100		

" WHANCE)	1. 11-	DKAHM
23a. BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CEA

METERY OR CREMATORY

BALTIMORE

DHMH-16 25M (VRA 15, 4) 1/79

22

BURIAL

should be detached for use as the burial-transit permit. Then please remove car with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If Item 21

TO FUNERAL DIRECTOR: After this certificate has been

03/28/84 GARRISON FOREST VE BALTIMORE BALTO Md.

nes, Jr./4101 Edmondson MAR 29 1984 The Davidson Manual State Mark 29 1984 Narshall W. Jones, Jr. /4101 Edmondson

dy filled in by the funeral of

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending play can and should be detached for use as the burial-transit permit. Then please remove corbin papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

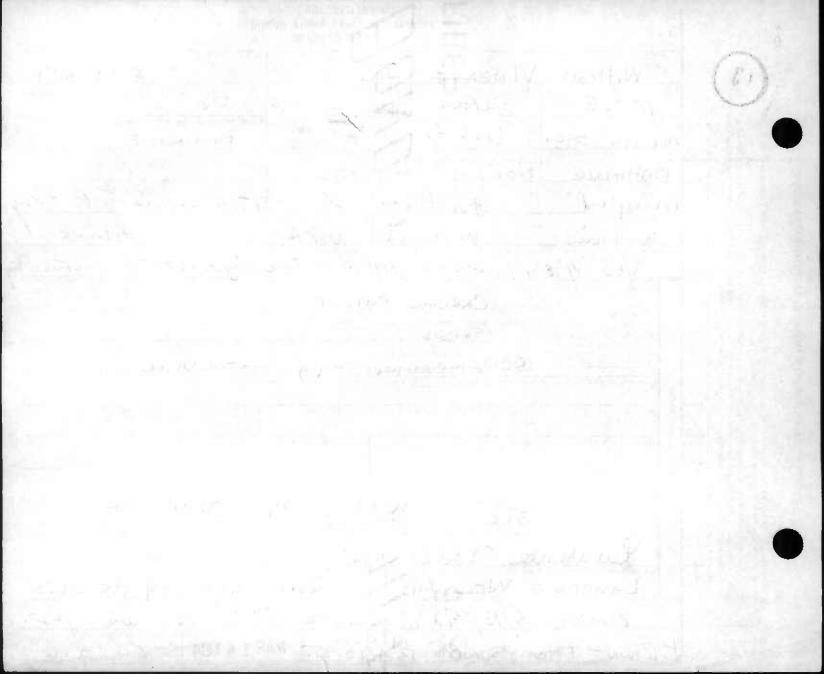
TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certilizate be

retained by the haspital or attending physician.

executed within 24 hours off

1-	FOR - STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	IENEO 7 5	6 4	
(TYPE	CEASED NAME FIRST	NINGATE :	TR,	20 DATE OF DEATH	3 8 84	26. HOUR
3. SE	MALE	210011	MAR H 1928	6. AGE (IN YEARS LAST BIRT	YRS DAY	
	IRTHPLACE (STATE OR FOREIGN 76. COUNTRY) ULUNS 5-C		MARRIED VEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	1.	tin
1	3AH MORE	P NOT IN SUCH FACILITY GIVE STREET ADDR		120 USUAL OCCUPATE TYPE OF WORK FOR MOST OF		OF HUSINESS
13a. S		TER INSTITUTION GIVE RESIDENCE BEFORE ADM	134 INSIDECITY LIMITS?	130. STREET ADDRESS /		75 4
14. FA	ATHER'S NAME FIRS MID MID MID MID MID	***	TE NOTHER'S MAIDEN NAME FIRST	WIDDIE	Halm	nes
	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W 17-18-5		101/ /	wingate - 1		15 Facel
		one cause per line for (a), (b), and (c)			APPRI BETWEE	DXIMATE INTERVAL IN ONSET AND DE
	PART I. DEATH WAS CAUSED & IMMEDIATE (4360 Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE (b)		, , , , , , , , , , , , , , , , , , ,	SERVE - CO	
NO	Conditions, if ony, which gove rise to immediate couse lol, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE	EOF		CEL	lio -
TIFICATION	Conditions, if ony, which gove rise to immediate couse lol, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (b) SEPS 1 S DUE TO, OR AS A CONSEQUENCE (C) OR AS A CONSEQUENCE	E OF E OF TH BUT NOT RELATED TO THE TERM	MAL DISEASE OR CONE	CEL	DINGS USED
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause lo1, stofing the underlying cause lost. PART 2 OTHER SIGNIFICANT COL	DUE TO, OR AS A CONSEQUENCE (b) CONSEQUENCE (C) OR AS A CONSEQUENCE (C) OR AS	E OF TH BUT NOT RELATED TO THE TERM ERATION WAS PERFORMED 21c. HOW INJURY OCCURR	NAL DISEASE OR CONE 200 AUTOPSY? YES NO	DITION GIVEN IN PART 206. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse Io1, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COI 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE (b) CONSEQUENCE (C) OR AS A CONSEQUENCE (C) OR AS	E OF TH BUT NOT RELATED TO THE TERM ERATION WAS PERFORMED YEAR 19 216 HOW INJURY OCCURR 19	NAL DISEASE OR CONE 200 AUTOPSY? YES NO	206. IF YES, WERE FINI IN CERTIFYING CAUS YES RY IN ITEM 18 PART I OR PART 2	DINGS USED ES OF DEATH? NO [
CAL	Conditions, if ony, which gove rise to immediate couse Io1, stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT COI 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH INF EITHER. NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (this hospital saw the deceased alive on	DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A	E OF TH BUT NOT RELATED TO THE TERM ERATION WAS PERFORMED YEAR 19 21t. HOW INJURY OCCURR 19 21t. LOCATION STREET	PAL DISEASE OR CONE 200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUR CITY OR TO.	206. IF YES, WERE FINI IN CERTIFYING CAUS YES TY IN ITEM 18 PART I OR PART 2	DINGS USED ES OF DEATH? NO []
CAL	Conditions, if ony, which gove rise to immediate couse Io1, stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT COID 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital	DUE TO, OR AS A CONSEQUENCE OUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE OUE TO, OR AS A	E OF TH BUT NOT RELATED TO THE TERM ERATION WAS PERFORMED YEAR 19 216. HOW INJURY OCCURR 19 216. LOCATION STREET	PAL DISEASE OR CONE 200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUR CITY OR TO.	DITION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS YES RY IN ITEM 18 PART I OR PART 2 WHY COUNTY 22c. DA	DINGS USED ES OF DEATH? NO
MEDICAL	Conditions, if ony, which gove rise to immediate couse lo1, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT COIL 198. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IN THE THER. NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 220.1 certify that (I) (this hospital sow the deceased alive on obove, (I) (we) (did) (did not) where the control of the co	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE 19b. CONDITION FOR WHICH OPE 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, 1 attended the deceosed from 19 DUELLS MD WELLS MD	E OF TH BUT NOT RELATED TO THE TERM ERATION WAS PERFORMED YEAR 19 216. HOW INJURY OCCURR 19 216. LOCATION STREET DEGREE ATTENDING PHYSICIAN 226. ADDRESS	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW TO STAF MEDICAL STAF DIRECTOR PHYSIC	DITION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS YES RY IN ITEM 18 PART I OR PART 2 WHY COUNTY The and hour and from the county of the c	DINGS USED ES OF DEATH? NO
WEDICAL 230. B	Conditions, if ony, which gove rise to immediate couse lo1, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT COLORS OF CONTRIBUTING CAUSE OF DEATH IN CONTRIBUTING CAUSE OF DEATH IN CONTRIBUTING CAUSE OF DEATH IN CONTRIBUTING CAUSE OF DEATH IN CONTRIBUTING CAUSE OF DEATH IN CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF DEATH CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF CONTRIBUTION CONTRIB	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE 19b. CONDITION FOR WHICH OPE 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, 1 attended the deceosed from 19 DUELLS MD WELLS MD	E OF TH BUT NOT RELATED TO THE TERM ERATION WAS PERFORMED YEAR 19 21t. HOW INJURY OCCURR 19 21t. LOCATION STREET DEGREE ATTENDING PHYSICIAN 22t. ADDRESS ATTENDING PHYSICIAN 22t. ADDRESS	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW TO STAF MEDICAL STAF DIRECTOR PHYSIC	206 IF YES, WERE FINE IN CERTIFYING CAUS YES TY IN ITEM 18 PART I OR PART 2 WN COUNTY THE AND THE TEMPERATE TO THE TEMPERA	STALL

DHMH - 16 50M 4/83 (VRA 15, 4)



	FOR	
-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	CATE OF DEA	ATH	REG	5. NO.				
ı		EASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH		DAY	YEAR	26 HOUR	
	{TYPE	OR PRINT)	James	Ro	obert	Wi	se			March	14, 1	984	7:000	ам
ı	3. SEX	(RACE		5. DATE O		YEAR	6. AGE (IN YEARS LAS	I BIRTHDAY)	MONTHS.	R I YEAR	IF UNDER 24	HRS M/NL
ı	1	Male		Whit	.e	July	00 70	28	55	YRS		DAIS		41114.
1		RTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF	WHAT COUN	TRY? B.	□ NEVER MAI		9. BALTIMORE CIT	Y OR COUN	ITY OF DE	ATH		
		Maryla	nd	U.S.	Α.	WIDOWE		RCED	BALTIMO	RE CIT	У			MD.
1		TY OR TOWN OF BALTIMORI				IRSING HOME O	ROTHER INSTITU	NOITU	12a USUAL OCCUP (TYPE OF WORK FOR MC			KIND OF USTRY	F BUSINESS	OR
	USUA 13a. S	AL RESIDENCE (IF	NURSING HOME OR C	OTHER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY	LIMITS?	13e.STREET ADDRES			20)659	
1	14. FA	THER'S NAME	A	AIDDLE	LAST		15. MOTHER'S M		AE MIDDL	E.	_	1.451		
1		Will:	iam ~	IDDEE	Wise		Agn	es	Genevie	ve S	st.C]	Lair		
		AS DECEASED E		MED FORCES? WAR OR DATES)		SECURITY NO.	17. INFORMANT	ſ	AD	DRESS				
1		Yes	, , , , , , , , , , , , , , , , , , , ,		216 22	2894	Agnes	G. St	one	Sam	ne as			
		18 CAUSE OF DI PART I. DEAT	H WAS CAUSED	y one cause per BY: E CAUSE (a)	line for (a), (b)	RATORY A	RREST				. 8	NON	MATE INTERVA ONSET AND DE	ATH
		Conditions, if any, which gave rise to immediate								1	5 MONTHS			
		cause (a), si		DUE TO, OI		EQUENCE OF -VESCICU	LAR CUTA	NEOUS	FISTULA			4 MOI	NTHS	
	N O	PART 2 OTHER S	SIGNIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR C	ONDITION	GIVEN IN F	ART Ita	1,	
-	CERTIFICATION	190 DATE OF OPI				ABCESS	WAS PERFORM	AED	200 AUTOPSY? YES NO	IN CER	YES, WERE RTIFYING (YES []		IGS USED OF DEATH?	?
-		21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		H		DAY YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF	INTURY IN ITEM	IB PART LOR	PART 2)		
	MEDICAL	WHILE NO	T WHILE SWORK	21e. PLACE		FICE, FARM, ETC)	21f. LOCATION STREET		CITY C	OR TOWN	co	UNTY	STA	TE
		220.1 certify tha saw the dec abave, X) (w	t X (this haspite leased alive an le) (did) XIX Xot	March	14	01		19 <u>83</u> ur) apinion a	, to March leath occurred an th		, 19 <u>_&</u> 4 haur and fr		that X) (we causes state	
		The STENDEUR	rest.	1.0	any	San Control	PH'	ENDING YSICIAN [MEDICAL S	STAFF YSICIAN	22	3-	SIGNED 14-0	84
		ROBERT	J. VAR		.D. 0	0	3900 LO	ch Ra	ven Blud.	Balto	Md 2	2121	8	
		URIAL, CREMATE	ON, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CRE	EMATORY	23d. LOCATION	N	COUN	II Y	SIA	16

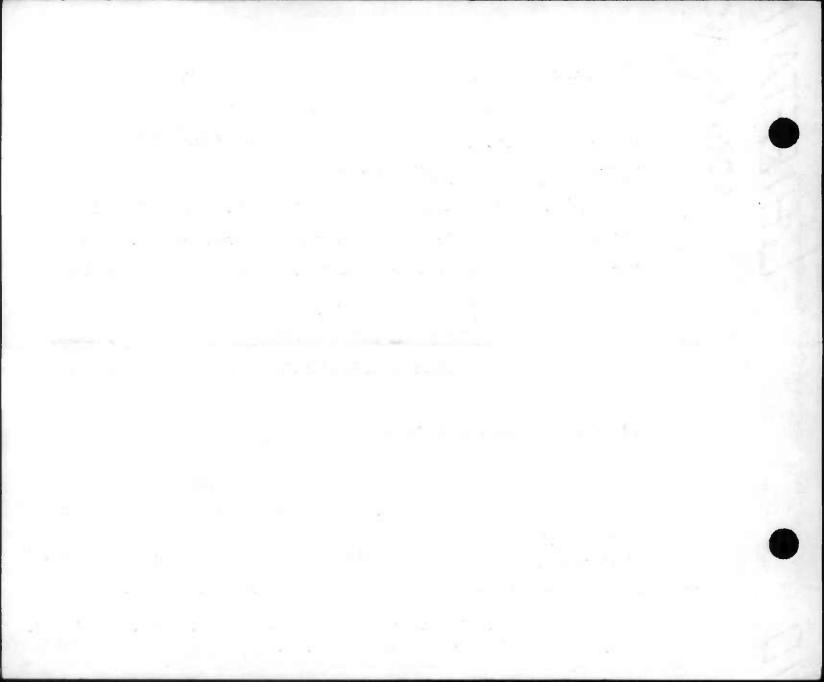
DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shaws ony injury, ar other traumatic event, the

Burial

24 FUNERAL DIRECTOR

cial | Mar.16'84 | Sacred Heart Cem. | Bushwood St. Mary's Md RClarke Mattingleyss Leonardtown. Md MAR 1 9 1084 | Guide Davidson Market



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

YGIENE	1	

	1 -	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	TO SECTION
		CEASED NAME FIRST	WIDDLE		herspoon	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
I	3. SEX	Female	4. RACE Black	5. DATE C	DE BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 3 YEAR IF UNDER 24 HRS
1	7a. BII		76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	* BACTIMORE CITY OR COUNT	/
1	M. S.		11. NAME OF HOSPITAL,			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
	13a. S	L RESIDENCE (IF NURSING HOME OR TATE	OTHER INSTITUTION, GIVE RESIDER	NCE BEFORE ADMISSION) OR TOWN STYLES	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD 3235 CONO	21154 WINGO ROL
-	14. FA	THER'S NAME WI'lliam	GOVE	R	15. MOTHER'S MAIDEN NAM	MIDDLE 1	LAST
2		(AS DECEASED EVER IN U.S. ARES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCI	SAS3778	17 INFORMANT Lester McCla	in 1531 Arena Rd	. Street.Md.
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for to	in Cation			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO		ell Cancer	of oropharyr	6 mos
-	NOIL	11	emia Irac	diation	therapy/	inal disease or condition gi	filtrates
-	CERTIFICATION	190 DATE OF OPERATION 9/83	0-01		N WAS PERFORMED	YES NOW Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
-		218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this hospit saw the deceased alive an abave, (1) (we) (did) (did not			nd that in (my) (our) opinion	death accurred on the date and ha	19_54_, that (1) (we) last ur and from the causes stated
		22b. SIGNATURE	Rosen		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/14/84
		22d. PHYSIGIAN'S NAME (TYPE OF HOWARD	Rose	n	220 ADDRESS 22 S. 61	eene St.	Balt md.
		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 3/17/84		emetery or crematory S UM Cemetery	23d. LOCATION Bel Air H	ariord Md.
		nord W. Beard	353 Fountain	*ost Havre	DeGrace .Md.	EREC'D. BY REGISTRAR 256. REGIS	trar's signature in Davidson-Randola

DHMH - 16 50M 4/83

shauld be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

MPORTANT: If Item 21 is marked

(VRA 15, 4)

TO FUNERAL DIRECTOR

43/ATTE MODEL FOR THE PROPERTY STATES Francic Black or 6 55 49 CM fied ALCU DOM TO VING TINA well a street street & 3000 concurrence that william Govers Lettire Michain Alfantist and account of the sale hortorice A A Suppley for neeth courses they bear to Tom any rate of THE THE PER CEPT IN THE CALL U. J. Journal Lorent Howard Day of the State of the 320 Sec. 1.1\2 are a series of the series of FOR STATE REGISTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL-HYGIENE CERTIFICATE OF DEATH

- Try	7		
-	-) () /

DECEASED NAME					ILC				
	FIRST	S. DATE OF BIRTH ANDINH AUG. 26 1901 A. QO 1901 A. WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOW DIVORTAL HOSPITAL WIDOW BALTIMORE CITY E OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INSIGHT ACHIEVE MORE SIDENCE BEFORE ADMISSION INSIGHT ACHIEVE MORE SIDENCE BEFORE ADMISSION IS CITY OR TOWN BALTIMORE CITY INDUSTRICT WOME FOR MORE OF THE INSTITUTION IS USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		26 HOU	JR				
(THE OR PRINT)	MARY	Edith	1	WITMYER	3	3	3 89	17:3	04
SEX	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER TYEAR	IF UNDER	24 HI
Female	M	hite			82		AONTHS: DAYS	HOURS	M
BIRTHPLACE (STATE OR FO			TRY? 8.		9. BALTIMORE CITY O		OF DEATH	-	
COUNTRY)			MARRIE						
Maryland City or town of DEA							LINE KIND	SE BLICINI	cee
BALTIMORE	LIF NO	OT IN SUCH FACILITY GIVE	STREET ADDRESS)		(TYPE OF WORK FOR MOST O			Jr BUSIIN	233 (
SUAL RESIDENCE (# NURSII to STATE Maryland	NG HOME OR OTHER INS	13c. CITY OR	TOWN					L4	
FATHER'S NAME									
Charles	WIDDLE		_		WIDDLE	Sauer	cland "	51	
WAS DECEASED EVER I			SECURITY NO.	17. INFORMANT	ADDRE	SS			
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR I		4-6888	Henry M Witm	ver. Jr. 61	8 Cove	entry B	Road	
								CIMATE INTER	RVAL
PART I. DEATH W		ouse per line for (o), (I	bi, and (ci.)	0 60			BETWEEN	ONSET AND	DEA
gove rise to imm couse (a), stating underlying couse	the DUE	E TO, OR AS A CONS	SEQUENCE OF	en que					
couse (o), stoting underlying couse PART 2. OTHER SIGN	dedicte p the lost. DUE	(c)ONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	20e AUTOPSY?	20b. IF YES	, WERE FIND	NGS USE	TH?
couse (o), stoting underlying couse PART 2. OTHER SIGN	pediote of the lost. DUE DUE DUE DUE DUE DUE DUE DU	CONDITION FOR W	G TO DEATH BUT	NOT RELATED TO THE TERM IN WAS PERFORMED MUD HUSLING	200 AUTOPSY? YES \(\text{NO} \text{NO} \(\text{TO} \)	20b. IF YES IN CERTIF YES	, WERE FIND YING CAUSE S	NGS USE	TH?
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DHMH - 16 50M 4/B3 (VRA 15, 4)

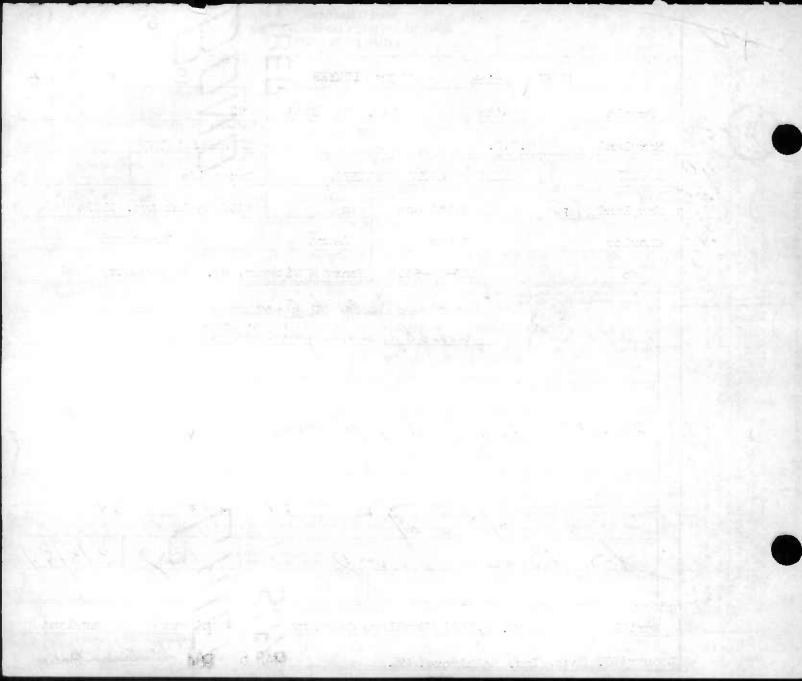
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burnishment premit. Then please remove corban paper with the State Dept. of Health and Mental Hypining print to burial, cremation, or removal MPORTANT: If hem 21 is mortied or them 18 vides only injury, or other troumotic event,

> Leonard J. Ruck, Inc. Baltimore, Md

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAR 6 DRA Julia Javidson Rando Re



oth

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m 18

IMPORTANT: If hem 21 is marked or Me

STATE OF M. CERTIFICATE

DEPARTMENT OF HEALTH

RYLAND AND MENTAL HYG OF DEATH	IENE REG. NO	075	6	7
te	20. DATE OF DEATH	AONTH, DAY	YEAR F	26. HOUR 1215 M
3 37	6. AGE (IN YEARS LAST BIRT	YRS.		IF UNDER 24 HRS
EVER MARRIED DIVORCED	BALTIMORE CITY OF BALTO 12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF MCTCK MCTCK MCTCK PAGE 12 BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTO 12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF BALTO AND TO THE OF BALTO 12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF BALTO MCTCK MCTC	C/-	14	MD F BUSINESS OR
THER'S MAIDEN, NAI CHER'S	SETH MIDDLE SICAPRT	CHARS ABOVE		ge 9
c tongo	e			MATE INTERVAL ONSET AND DEATH
LATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN II	N PART 10)·
PERFORMED	20g AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	IGS USED OF DEATH
OW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
CATION				

1. DECEASED NAME FIRST TYPE OR PRINT 4 RACE 5. DATE OF BIRTH 3 SEX HINOM 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE ISTATE OF FOREIGN MARRIED A COUNTRY WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHE 10. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DEATON MEDICAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUDITY [13c, CITY OR TOWN] 13b. COUNTY 113d. IN YES M. FATHER'S NAME 15. MC MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS 19g. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. H HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER 21f. LOCATIO 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 7 22s I certify that () this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN | 22e. ADDRESS 22d, PHYSICIAN'S NAME (WPE OR PRINT) 231. NAME OF CEMETERY OR CREMATORY 23d, LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

24. FUNERAL DIRECTOR NAME onnell

FOR - STATE

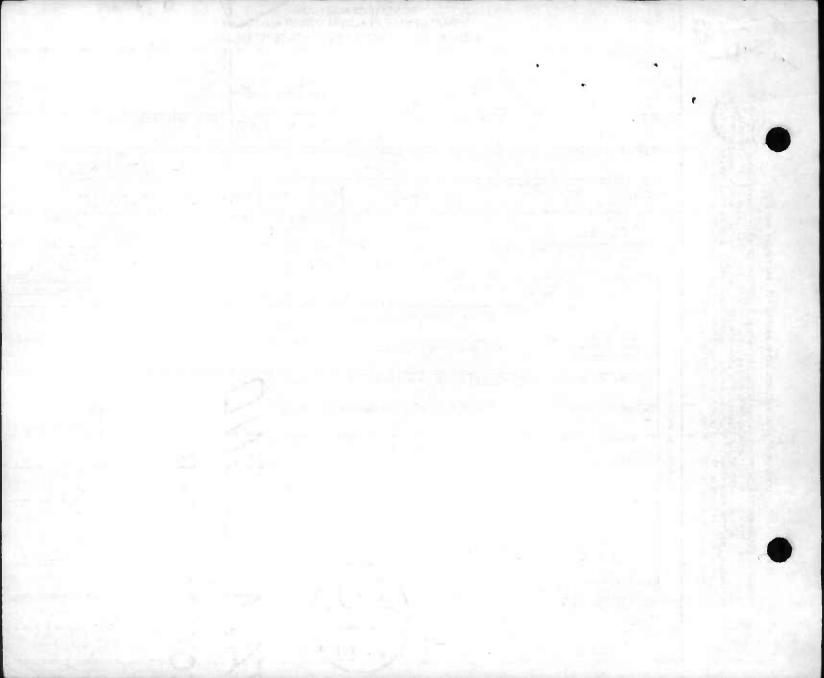
REGISTRAR

FUNERAL HOME

DundAck

1250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

STATE OF THE PARTY



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Heolth and Mental Hygiene priar to buriol, cremation, or removal. MPORTANT: If them 21 is morked or them 18 shows any injury, ar other traumatic event, the

ctor, page 3 safter death

and comp

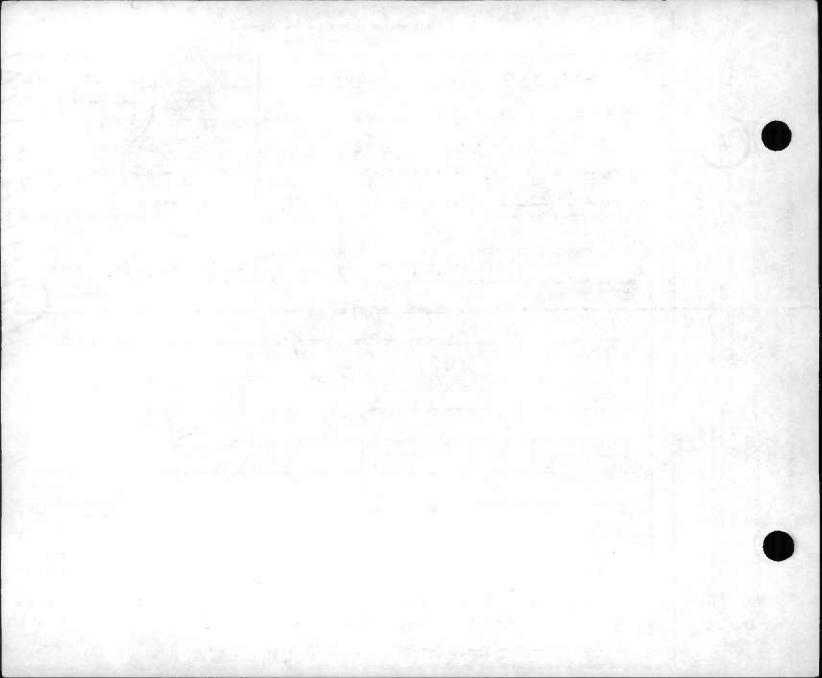
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

Walter Brooks Bradley Inc., Dundalk Md. 21222

'	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	17	200	
	ECEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH MON	TH DA	Y YEAR	2b. HOUR
	LEONAI	RD	0.	W	OLFE	3	- 9.	- 84	9:00m
3. SE	X	RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY		UNDER I YEAR	IF UNDER 24 HRS
	MALE	wh	ITE	MONTH	9 09 1883	100	YRS.	MINS DAYS	HOURS MIN.
70. B	IRTHPLACE (STATE OF FOREIGN 7		WHAT COUNTRY?	8		9 BALTIMORE CITY OR CO		F DEATH	2
	Maryland	U.S.	A.	MARRIE		Baltimore	City	,	MD.
10 C	ITY OR TOWN OF DEATH	1. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION		12b. KIND O	OF BUSINESS OR
-	Baltimore	St.	Agnes Hos	pital		Machine Opera	tor	Spice	e Mfgr.
13a.	AL RESIDENCE (IF NURSING HOME OR O STATE 13b COUNT Maryland		GIVE RESIDENCE BEFORE 131 CITY OR TOWN Baltimor		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	201		
11 F	ATHER'S NAME		Darchion		YES 🔼 NO 🗌	Lee St. 212	10T		
)		IIDDLE	Wolfe		FIRST	UNKNOWN		LAS	я
160	WAS DECEASED EVER IN U.S. ARM	NED FORCES?	166 SOCIAL SECU		17. INFORMANT Ellw	ood E. Wolfe,	St.		
	(15 YES, GIVE	TAN ON DAILS)	212.14.0	861		n Ave., Balto			1223
	18 CAUSE OF DEATH (Enter only	one couse per	line for (a), (b), and	(C1.1				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE		Cardiapula	ums	anel				
	4110	DUE TO O	R AS A CONSEQUE	NCE OF					
	Conditions, if ony, which	(b)_	Coronory	acte	y Tusuppicies				
	gove rise to immediate couse (a), stating the	DUE TO OF	R AS A CONSEQUE	NCE OF	0 00				
	underlying couse lost	((c)_	HTW, AS	10,0	HF				
7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITIO	N GIVEN	IN PART 110	0
MEDICAL CERTIFICATION									
ICA	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, V	WERE FINDIN NG CAUSES	GS USED OF DEATH?
RTI						YES NO	YES [NO 🗌
5	210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART	1 OR PART 2)	
ICA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P./		19					
MED	21d. INJURY OCCURRED	21e. PLACE (OF INJURY EET FACTORY OFFICE FA	RM ETC 1	21f. LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	AT WORK NOT WHILE AT WORK								
	220.1 certify that (1) (this haspita		~ ~ ~		7-84,1984	, to 3-9			that (I) (we) lost
	sow the deceosed alive on above, (1) (we) (did) (did not)	view the body	3-8 19 <u>8</u> ofter death.	<u>4</u> , on	d that in (our) opinion d	eoth occurred on the dote or	nd hour o	nd from the	couses stoted
	22b. SIGNATURE				DEGREE			22c. DATE S	
	aua licen	erla M	0	Residen	TIGEN ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		3-9	-84
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)			22e ADDRESS	. /	, ,		
	ANA ACE	VEDO	MD		SAINT AG	NESTOSpil	FAL		
23o. l	BURIAL, CREMATION, REMOVAL	23b. DATE			METERY OR CREMATORY	23d LOCATION		OUNTY	
F	Burial	3/12/	1984 Lou	don I	k. Cemetery	Baltimore	C	Mar Mar	ryland
24 FI	UNERAL DIRECTOR				950-DATE	PECID BY PECISTRAPITE DE	EC3efpm	are election	and Mary

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG.	NO.		
	CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
{TYP	E OR PRINT}	WILL	ARD	DOYLE	WOL	FE	March 10	, 1984		00:04M
3. SE	X		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Male		White		MONTH 4	22 1922	61	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	2 1 10 10
	st Virgi	nia	Į	J.S.A.	WIDOWE		Baltimo	re Cit	v.	MD.
10. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP.	ATION	126. KIND C	OF BUSINESS OR
1	Baltimore		Baltin	nore City	Hosp	ital	Social			lmin.
Ma	AL RESIDENCE (IF NUF STATE .ryland	13) COUN Bal		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Dundal		13d. INSIDE CITY LIMITS? YES NO X	3512 LC			21222
1	nathan		MIDDLE	Wolfe		15. MOTHER'S MAIDENNA. Ethel	ME		Wol	ifo
-	WAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADI	DRESS	WOJ	.16
	YES, NO OR UNKNOWN)	(IF YES, GIV	YE WAR OR DATES)			Agnes B. W	Volfe	Sa	me as	13e
-	18. CAUSE OF DEA						,			MATE INTERVAL ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Saddle Palmoner / Embolus							10 /	ours	
	4151	MUNEDIA		R AS A CONSEQUE	ENCE OF					
	Conditions, if ony, which (1b)									
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying cous	e lost.	(6)	K AS A CONSEQUE	LIVEE OF					
1	PART 2. OTHER SIG	MIFICANT (CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ONDITION GI	VEN IN PART 1	0,
Š	1410	V .	usion							
CERTIFICATION	198. DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	Y? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
T E							YES NO		ES 🗌	NO []
	OR CONTRIBUTING	_	110110 4	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR PART 2}	
S	(IF EITHER, NOTIFY MEE	DICAL EXAMINE	R) P.	M.	19					
MEDICAL	21d. INJURY OCCUI		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
1	AT WORK NOT W	ORK							P 7	
	220.1 certify tho	/		e deceosed from_	B-J	9-84 19	, to		19 04	tho (I) (we) lost
			ot) view the body		, ,	nd that in (m) (our) opinion	death occurred on the	e dote ond ho		
	27 SIGNATURE	-	P	10/	11	DEGREE ATTENDING	MEDICAL S	TAFF	22c. DATE	SIGNED 4
	Cay	6	Am	1	U	PHYSICIAN [DIRECTOR PHY			
	22d. PHYSICIAN'S N	NAME (TYPE C	OR PRINT)	1		22e. ADDRESS			2103	
	Wayne S.					12150 Falls		keysvi	ille, Ma	ryland
	BURIAL, CREMATION	, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial		3/13/	/1984	Oak	Lawn	Baltin	nore	P	Marylan
	UNERAL DIRECTOR					Dundalk 250. DAT	TE REC'D. BY REGISTR	AR SALKES	DONADA	lawarac
Du	da-Ruck F	unera]	L Home o	f Dundall	,Inc.	Md. MA	1714 1904	0	-1	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 stands the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

erchild, link

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1 capre dicione 10, 332 m

7.22 istance. It dails, as a second of the dails.

Dula- uc Rueral Po c of Danali, I.c. M.

ters works and bocke of the, harmined

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages Land 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked ar Item 18 shows any injury, or ather traumatic event, them

FOR

STATE OF MARYLAND PEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE
LAST	7a DAT

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME	THOMAS	MIDDLE	i	JOLFF	20 DATE OF DEATH	MONTH DA	21	HOUR
3. SE	×	4 RACE	//1.	5. DATE C		6 AGE (IN YEARS LAST B	IRTHDAY) IF		2. 30 4 M
J. J.	MALE		HITE	MONTH		77	YRS		OURS MIN.
	RTHPLACE (STATE OR F COUNTRY) Outh Caro		WHAT COUNTRY	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	-	MD.
_	BALT IMO	TH 11. NAME OF	HOSPITAL, NURSI CHEACILITY, GIVE STREE	NG HOME C	HOSPITAL	12a USUAL OCCUPATION OF WORK FOR MOST Checker	TION OF WORKING LIFET	126 KIND OF B INDUSTRY Beth.	
Ma	ryland	ING HOME OR OTHER INSTITUTION IN STATEMENT OF COUNTY Baltimore	13c. CITY OR TOV	re admission) VN	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 7601 Ri	ddle A	Avenue	21224
	ATHER'S NAME FIRST OMAS	MIDDLE	Wolff		Gussie	WE		Willi	s
	YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) WW II	166 SOCIAL SEC 213-09		Pauline J.	Wolff		as 13	e
CERTIFICATION	gove rise to imm cause tot, stotin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	g the DUE TO, C		DEATH BUT	NOT RELATED TO THE TERM	20g. AUTOPSY?	20b. IF YES, N	WERE FINDINGS	
ERTIF	21g. ACCIDENT WAS UND	DERLYING 7 216. TIME (OF INJURY		21c HOW INJURY OCCUR	YES NO	YES		NO [
	OR CONTRIBUTING C	AUSE OF DEATH HOUR A	.M. MONTH D	AY YEAR		TENTER TORTONE OF THE	JA I WY I'EM I D I AM	1100110011	
MEDICAL	21d. INJURY OCCURR	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE.	FARM, ETC)	21f. LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
	sow the decease	(this haspital) attended d alive an lid) (did not) view the bod	17 19	8UP).	nd that in (my) (our) opinion (death accurred on the a	date and hour o		t (I) (we) last uses stated
	22b. SIGNATURE	SI Ou	its		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN	3/14	184
	22d. PHYSICIAN'S NA		CUE	50	22e ADDRESS	FRON ,	170512	1772	
B	BURIAL, CREMATION,	3/20	/1984	NAME OF C		23d LOCATION CITY OF TOWN Baltimo	ore		ryland
7 7	JNERAL DIRECTOR [922 Wise	Ouda-Ruck, Avenue	Inc. Dundalk	, MD.	21222 MAR	R 2 0 1984	236 REGISTRA	AR'S SIGNATUR	- Carrier Contract Co

BP.

retained by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

THOMAS UP. WOLFF. SHET INOKE - LATITERAN HOSE WILL arrest LES and a There is the first hope in

	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		7573
		EASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
		Charles		loodard	3-15-84	11a M
3.	SEX		1. RACE	5. DATE OF BIRTH 9-25-25	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1 7	- DIE	Male	Black 76. CITIZEN OF WHAT COUNTRY?		58 YRS.	V 05 05 17 11
15/5 "		OUNTRY)	usa	MARRIED WEVER MARRIE	Dellas	City MD.
of field		Y OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 905 Veronic	NG HOME OR OTHER INSTITUTIO ADDRESS)		12b. KIND OF BUSINESS OR
35	3e. S	L RESIDENCE (IF NURSING HOME OR ITS COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR TY 13c. CITY OR TOW BALLO	F ADMISSION)		
14	I. FA	David	Woodard	15. MOTHER'S MAIDI	EN NAME	oodard
medico /		AS DECEASED EVER IN U.S. ARA	WAR OR DATES)		ADDRESS Voodard 905 Veron	
ony injury, or other troumotic event,	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	CAUSE (a) PROPING DUE TO, OR AS A CONSEQUE (b) CONCESS DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	ENCE OF LUTO	E TERMINAL DISEASE OR CONDITION GIV	VEN IN PART I (o)
No swi	CERTIFICATION	90. DATE OF OPERATION	2101010	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
		2 Tq. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	In .	AY YEAR 19 21c. HOW INJURY O	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	PARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
em 21 is mo		220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) and no 22b. SIGNATURE	N 2/29 10 9	, 19_ , ond that in (my) (our) of DEGREE	pinion death occurred on the date and hou	19 A, that (I) (we) last or and from the causes stated
TANT: If Item		22d PHYSICIAN'S NAME (TYPE OF	war WD	ATTEND PHYSIC	MEDICAL STAFF	3/K/84
A O O		SueWI Th	an gramme	3904 5	s. Harover ST. BY	eto, Pd. 2122
	(5	JRIAL, CREMATION, REMOVAL Burial		NAME OF CEMETERY OR CREMATE Crownsville V	.A. Crownsville	AA Md.
4/83		harles A. Ri	ce FSPA 1300		MAR 1 9 1984	ran's signature

- STATE

REGISTRAR

4801 E. HOFFMAN ST. 21205 LINEBERRY (dghtr 21084 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE COUNTY and that in (any) (aur) apinian death accurred an the date and haur and from the causes stated 77c. DATE SIGNED Burial 3/9/84 FAITH MD. GARDENS OF 24 FUNERAL DIRECTOR imunek Funeral Home, Inc. DHMH - 16 50M 4/82 3331 Brehms Lane, Balto. Md. 2121 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

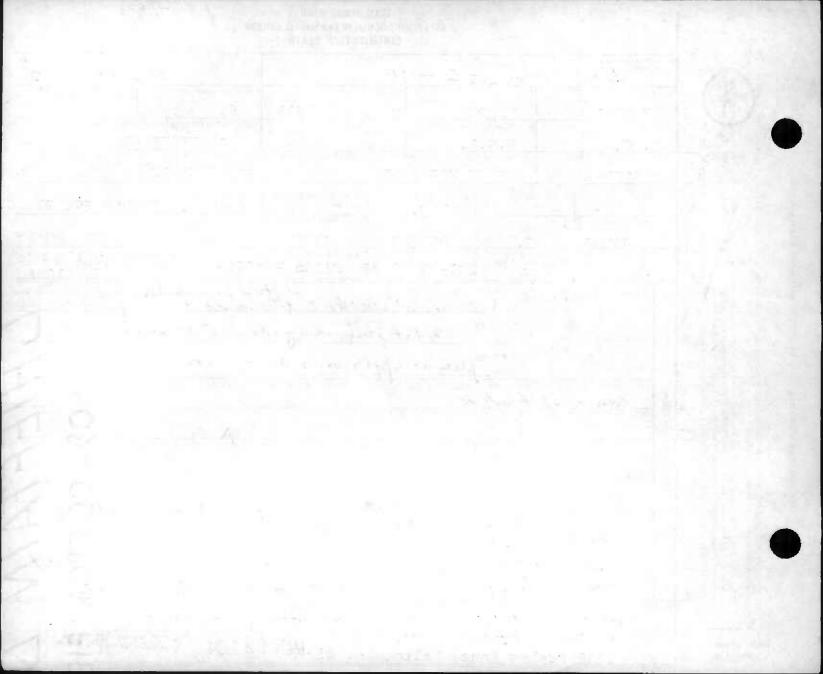
REG. NO

IF UNDER 1 YEAR

DEPT

12b. KIND OF BUSINESS OR

STORE



mpletely filled in by the funeral and 2 shoold be filed within 72

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and Mental Hygiene prior to buriot, certificate has been

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Item 18

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Hem 21 is

MPORTANT: #

of Heolth

TO FUNERAL DIRECTOR: A should be detoched for use with the Stote Dept. of Heol

MEDICAL

event, th

injury, or other troum

STATE OF MARYLAND FOR - STATE

DEPA	CERTIFICATE OF DEATH	REG. NO.		
	Woods	20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR
K	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.

EARLIE 3. SEX 7a. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? CHNTRY U.S CAROLINA

MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

9. BALTIMORE CITY OR COUNTY OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE)

City 12b. KIND OF BUSINESS OR

INDUSTRY

(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
136. COUNTY
137. CITY OR TOWN 13c. CITY OR TOWN

MIDDLE

13d. INSIDE CITY LIMITS? Baltimore YES T NO [

13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME

21218

Maryland 4. FATHER'S NAME Frank

10. CITY OR TOWN OF DEATH

REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

Scarborough

Ada 17. INFORMANT

FIRST

Brown ADDRESS

160. WAS DECEASED EVER IN U.S. ARMED FORCES? UNKNOWN

-6519 James Scarborough 415 East 21st Stree

MIDDLE

18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY	e couse per line for (0), (b), and (t), l USE (0) RESpiratory arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
20110	DUE TO, OR AS A CONSEQUENCE OF		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) 22575 DUE TO, OR AS A CONSEQUENCE DE PLANTA		4440
Esophastis	10	DAI DISEASE OR CONDITION GIVE	N IN PART TO WERE FINDINGS USED

190 DATE OF PPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM

IN CERTIFYING CAUSES OF DEATH?

21d. INJURY OCCURRED NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION

CITY OR TOWN COUNTY STATE

obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE

230. BURIAL, CREMATION, REMOVAL

STURIAL

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

sow the deceased alive on.

23c. NAME OF CEMETERY OR CREMATORY

Arbutus,

COUNTY M dTATE

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

3/19/84 Arbutus Mem. Pk. 24. FUNERAL DIRECTOR Wm CAMEMarch F/H Inc. 1101 North Avenue

23b. DATE

250 DATE REC'D. BY REGISTRAR 2510 REGISTRAR'S SIGNASURE

THE ACTUAL THE PERSON AND

IN CITY OR TOWN OF DEATH

BALITIMORE

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

FOR - STATE REGISTRAR	and variables As ye	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	TIENE REG. NO.	75-
ECEASED NAME	FIRST	MIDDLE	. LAST	To. DATE OF DEATH MONTH	DAY YEAR
AE ON ARRALI	J.	NELLIE W	OODWARD	3	2 8
EX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE
Female		White	March 17, 1902	81 YRS.	MONTHS DA
	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Georgia		U.S.A.	WIDOWED DIVORCED	BALTIMORE CIT	Y

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

UNION MEMORIAL HOSPITAL

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Secretary USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 21239 Maryland Baltimore YES XX 5614 Loch Raven Blvd.21239 NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Woodward Mathis Aminee Catherine ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) Beverly M. Ebner Philadelphia. R CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70h. IF YES, WERE FINDINGS USED 70g AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO F NO YES [71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 711 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 27a | certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred an the date and haur and from the causes stated saw the deceased alive on above, (1) (we) (did) (did nat) view the bady after death DEGREE 22c. DATE SIGNED 22h SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

PORTANT

d et 0

> William E. Johnson8521 Loch Raven Blvd

23b. DATE

Druid Ridge Cemetery Baltimore REC'D. BY REGISTRAR 75b. REGISTRAR'S SIGNATURE

23d LOCATION

CITY OR TOWN

1984

7h HOUR

12b. KIND OF BUSINESS OR

Credit

IF UNDER 24 HRS

STATE

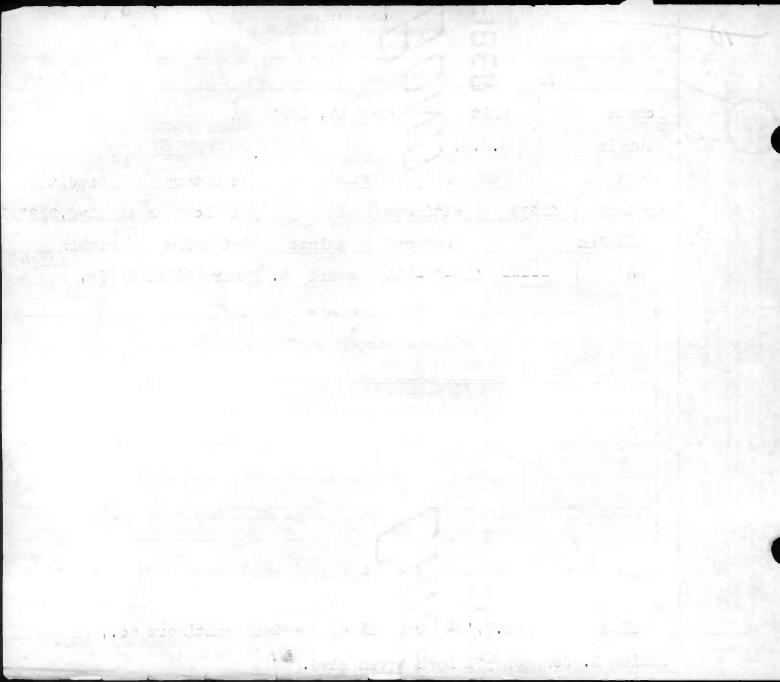
IF UNDER 1 YEAR

INDUSTRY

120 USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

DAYS



- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

900 THE SHEET IS A RESIDENCE OF THE RESIDENCE And the state of the charge of the color of requires that the death certificate be executed within 24 haurs

mpletely filled in by the and 2 should be fulled

en itaned by the attending physician and con tithen alease remave carbon popers. Pages (T ar in thiriol, cremation, or removal. aluly, or other traumotic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CER	TIFICATE OF DEATH	REG. NO).	
DECEASED NAME FIRST (TYPE OR PRINT)	MIDD		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
Charle	es B		Wright		3 19 198	4 230 PM
J. 5EX	4. RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	
Male	Caucasia	an "	0 T 1936	47	YRS.	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH	AAAI	RRIED NEVER MARRIED	9. BALTIMORE CITY OF		
Maryland	U.S.	Λ Ι	OWED DIVORCED	Baltimo	re City	MD
10. CITY OR TOWN OF DEATH			ME OR OTHER INSTITUTION	120. USUAL OCCUPATION	ON 12b. KINE	OF BUSINESS OR
Baltimore	2511	CILITY, GIVE STREET ADDRESS hristian S	treet 21223	Elevator I	ns. of Ma	rytata
JSUAL RESIDENCE (IF NURSING HOME (136, STATE 136 COL Maryland	DR OTHER INSTITUTION, GIV JINTY 136	RESIDENCE BEFORE ADMISSI CITY OR JOWN Baltimore	13d. INSIDE CITY LIMITS? YES MO [13e STREET ADDRESS 2511 Chris	tian Street	21223
4. FATHER'S NAME	MIDDLE	TACT	15 MOTHER'S MAIDEN NA	MIDDLE		LAST
Charles	WIDDLE	Wright	Mary	WIDDLE	Wh:	ite
160. WAS DECEASED EVER IN U.S. A		SOCIAL SECURITY N	O. 17. INFORMANT	ADDRE	SS	
(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	213-32-760	7 Mary Merson	n 510 Sunse	t Road 212	223
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line	for (a), (b), and (c).)			APPI BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
Canditians, if any, which gove rise to immediate	DUE TO, OR A	S A CONSEQUENCE C	Pulmona	le		
cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(c)	RIBUTING TO DEATH	shille gra	MINAL DISEASE OR COND	- Curgo	10 yrs
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITIC	N FOR WHICH OPERA	ATION WAS PERFORMED	20a. AUTOPSY? YES NO X	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES []	
		MONTH DAY YE	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR		
OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM, ETC	21f. LOCATION STREET	CITY OR TO	VN COUNTY	STATE
27a. I certify that (1) (this has saw the deceased alive above, (1) (we) (aid) (did	1/2	19 84	, ond that in (my) (ass) opinion	death accurred on the da	te and hour and from t	_, that (I) (us) last the causes stated
22b. SIGNATURE	1 mille	n ms		MEDICAL STAF	F _ 1	19/84
Joseph H.	GRPRINT) Miller. M.:	D.		venue, Balti	imore MD	21229
23a BURIAL, CREMATION, REMOVA (SPECIFY) Burial	3/23/84		of CEMETERY OR CREMATORY on Park Cemeter	Datelinore	COUNTY	Maryland
24 FUNERAL DIRECTOR		212	229 25a. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	IATURB MODELL
Hubbard Funeral	Home, Inc.	4107° Will	kens Ave.	MAD 2. 1 1084	Like Davidso	1000

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR, After

MPORTANT: # Nem 21 is marked

Reference The Treatment of State Avenue and the second The same agency of the same are the same are the

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STATE OF MARYLAND

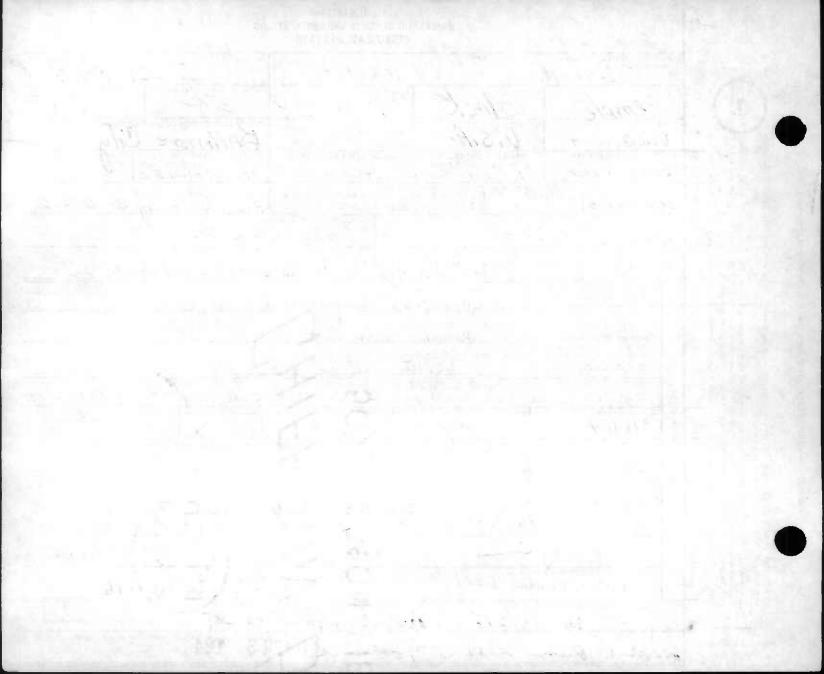
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME MIDDLE 2g. DATE OF DEATH (TYRE OR PRINTIL **₩** RACE 3. SEX 5. DATE OF BITTH 6. AGE (IN YEARS LAST BUTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 76 CITIZEN OF WHAT COUNTRY? BALT MORE CITY OR COUNTY OF DEATH (STATE OF FOREIGN IRGINIA WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION
1795 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMARE THERAH 4050 FTOME MAKER 136 COUNTY 136 GITY OR TOWN 113d. INSIDE CITY LIMITS? 13e. STREET ADDRESS ARYKAND BAKTIMORK 3100 PRESBURY ST 21216 YES NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST ARTE AMISS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OBUNKNOWN) (IF YES, GIVE WAR OR DATES) 3/00 PRACEZURY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY ardiopulmonary IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Brongro pheumon Canditians, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last Di apretto Marthette PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION Knee amout Tim S/P Abour 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 000 Y YES [NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 RART 1 OR RART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a | certify that (1) (this haspital) attended the deceased fram_ March 28 A. and that in (my) (our) opinion death accurred an the date and hour and fram the causes stated saw the deceased alive on_ obove, (I) (we) (did) (did nat) View the bady after death 776 SIGNATURE 22c. DATE SIGNED DEGREF ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (EYRE OR PRINT) 170 ADDRESS heran HUSPIT CHENG-CHUNG Butinine and 2/2/6 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

TRAP 256. REGISTRAR'S SIGNATURE



by the funeral director, page 3 filed within 72 hours after death

	FOR
-	STATE REGISTRA
25.0	FACED NIA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

73	174	1	63	13
U	6	5	0	المية

	1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.			
		CEASED NAME	FIRST	٨	AIDDLE	l,	AST	20	DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	7
	1,		RIETT	_	Α.	WWI	RÍGHT			3 18	84	1/A	mu
	3. SE	× 4	4	RACE	. /	5. DATE C	F BIRTH		AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24	HRS
3	10	9		Mu	te	2 MONTH	3 05	7	-	75 YRS	THS DATS	HOURS	MIN.
ľ		RTHPLACE (STATE OR FOR	EIGN 76	CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9	BALTIMORE CITY C		DEATH		N
2		IARYLAND	- 13	U.S	.A.	WIDOWE			Prattims	u Cit	4,		MD.
0	10 CI	TY OR TOWN OF DEATH	1 11	. NAME OF H	OSPITAL, NU		ROTHER INSTITUTION		USUAL OCCUPAT			OF BUSINESS	
	/ B	BALTIMORE	M		N NURS		CATON MANO		AT CHECK		NIGHT	CLUB	
		AL RESIDENCE (IF NURSING	HOME OR OTH		GIVE RESIDENCE B		13d. INSIDE CITY LIMIT	752 112	s. STREET ADDRESS				
Ĭ	N	MARYLAND			BALTI		YES NO		106 ASHLA	ND COUR	T, 21	201	
J	14. FA	THER'S NAME	MID	DI F	LAST		15. MOTHER'S MAIDE						
Ø				OWN	EA31		FIRST	U	N K N O	WN	LA	51	
		VAS DECEASED EVER IN		D FORCES?	16b. SOCIAL S	ECURITY NO.	17 INFORMANT		ADDR	SS			
	()	NO	IF YES, GIVE W	AR OR DATES)	217-0	3-3842	CATHY MORO	COMB	3330 WILK	ENS AVE	NUE.	21229	
		18 CAUSE OF DEATH	Enter only	one couse per			1					MATE INTERVA	ATH
		PART I. DEATH WAS	MEDIATE O		4	Teel of	e	u.	1				
		4100	MEDIATE		AS A CONSE	COLLENCE OF							
		Conditions, if ony, w	vhich ((b)	AS A CONSE	OUENCE OF							
		gove rise to immed	diote	DUE TO OF	R AS A CONSE	OUENCE OF							
		underlying couse		(6)	AS A CONSE	OUENCE OF							
		PART 2 OTHER SIGNIF	ICANT COL	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINA	L DISEASE OR CON	DITION GIVEN	IN PART 1	a	
	CERTIFICATION												
	CAT	19a DATE OF OPERATIO	N	196 CONDI	TION FOR WH	IICH OPERATIO	WAS PERFORMED		20a AUTOPSY?	20b. IF YES, W	ERE FINDI	NGS USED	,
	TIF								YES NO	YES [NO [
7		210 ACCIDENT WAS UNDER		HOUR A		DAY YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2)		
	CAL	OR CONTRIBUTING CAU		P./		19							
	MEDICAL	21d. INJURY OCCURRED		21e PLACE C	OF INJURY	ICE SARA ETC.)	211 LOCATION		CITY OR TO	WN	COUNTY	STAT	TE.
	2	AT WORK AT WORK		THE THE STA	LET THE TOKE, OFF	ICE PARM ETC	/				- (
		22a.1 certify that (1) (th	nis hospitol	. /	deceosed fro	om JU	19_5	0	, to	1 6 . 19.	84.	that (I) (we)	lost (
		sow the deceosed obove, (I) (we) (did	olive on	iew the body	ofter death.	989. on	d that in (my) (our) op	inion deo	th occurred on the d	ote and hour or	nd Irom the	couses state	d
		22b. SIGNATURE	n		11)		DEGREE				22c. DATE	SIGNED	
			A.	10.0	Lee	i un	ATTENDIN PHYSICIA		MEDICAL STA HRECTOR PHYSIC		10	0	
		226. PHYSICIAN'S NAM	E (TYPE OR PR	nnt)			22e ADDRESS	1	/	100	oler	leco	-
		AJ AIS	1.	SID.	He		5266	Lyv	ingere.	nd.	wel	2106	4
		SPECIFY)	MOVAL	23b DATE		231 NAME OF CI	EMETERY OR CREMATO	ORY	23d LOCATION CITY OR TOWN		OUNTY	57.47	
		BURIAL		03-28	-84	GREEN MO	OUNT CEMETE	ERY	BALTIMOR	E CITY		ARYLAN	D

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

21229

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR SIGNATURE MAR 27 1984 Fisha Davidson-Randalle



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	7	c.

8

1	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL H	HYĞIEN	REG. N	10.		
		CEASED NAME	FIRST	1	MIOOLE	i.	AST WRIGHT	20	. DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	ginale	-/	Norwoo	a 21	1.067	- 1		3	5 84	3 150
	3. SE:		4. RA	CE	NOTWOO	S. DATE C	DE BUTTH	6.	AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	J. JL.	1 1	7. 10.	^.		MONTH	DAY YEAR				MONTHS DAYS	MOURS MIN.
1	1	Wale		Cab	cosian	11	18 94		87	YRS.		
121		RTHPLACE (STATE OR FO	REIGN 7b. CI	TIZEN OF	WHAT COUNTRY	? 8. MARRIEI	D NEVER MARRIED	50 9.1	BALTIMORÉ CITY	OR COUNT	Y OF DEATH	
2		Maryland		U.S	.A.	WIDOWE			Baltime	ore C	ity	MD
3/5/	70. C	ITY OR TOWN OF DEAT	н 11. г	NAME OF I	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION		. USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
\$1		D-144mana	- (H FACILITY, GIVE STREET			(1	YPE OF WORK FOR MOST	OF WORKING		a traction
2	rusu	Baltimore	G NOME OF OTHER	I HALS TIVI IT WANT	Mercy Ho	spital			Owner		Real E	state
106	130.	AL RESIDENCE (IF NURSIN	36 COUNTY	INSTITUTION.	13c. CITY OR TO	WN	136. INSIDE CITY LIMITS	5? 130	STREET ADDRESS			
DU	M	aryland			Balti	more	YES 🛣 NO		4037 Bel	le Av	e. 2121	.5
MA	14. F/	ATHER'S NAME	7				15. MOTHER'S MAIDEN	NAME				
3/11	V	James	MIDOLE		Wrig	ht	Elean	or	MIDOLE		I AS	WIV
0	16n V	WAS DECEASED EVER IN	LIS ARMEDI	FORCES?	16b. SOCIAL SEC			epher	ADDR	ESS	200	, w. z. j
dic		YES, NO OR UNKNOWN)	IF YES, GIVE WAR		5-10		.9	-		0.1	- D	21207
E		No			212-01-	46/3A	Robert W.Mc	Gre	gor, 3/0/	Ceda		21207
£		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only and	e cause per	line far (a), (b), a	ind (c).)	IFILE WATER			-	BETWEEN	MATE INTERVAL
,en					Dag.	moni	6					
5		40100	MMEDIATE CA		, ,,,,,							
a de	7	1000		DUE TO, O	R AS A CONSEQU	UENCE OF						
0	Conditions, if any, which (b)											
or other troumotic		gave rise to imme cause (a), stating		DUE TO. O	R AS A CONSEQU	UENCE OF						
oth		underlying cause	lost	(c)								
0.		PART 2, OTHER SIGNI	FICANT COND	DITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	TERMINA	ALDISEASE OR CON	IDITION G	IVEN IN PART 1	2
in	Z	1/0/	0. 10	1								
-	CERTIFICATION	19a. DATE OF OBERATION	Vruny,	ISL COND	ITION FOR WHIC	HOREBATIO	N WAS PERFORMED		20a AUTOPSY?	1206 IF V	ES, WERE FINDIN	JGS LISED
0 1	2	198. DATE OF OBERATE	0.14	198. COND	INOIA LOK ANDIC	n OFERATIO	IN WAS PERFORMED	201	200 2010131.	IN CERT	IFYING CAUSES	OF DEATH?
0/	1 🖹							0.19	YES NO P		YES 🗌	NO 🗆
0/1	18	210. ACCIDENT WAS UNDE		HOUR A.		DAY VEAR	21c. HOW INJURY OCC	CURRED	(ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)	
19		OR CONTRIBUTING CA				19						
1/	MEDICAL	21d. INJURY OCCURRE			M. OF INJURY	IA	21f LOCATION					
0	ME	WHILE NOT WHILE	- /	AT HOME, STE	REET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR T	NWC	COUNTY	STATE
orke		AT WORK										
E		220.1 certify that (1) (this haspital) a	ttended th	e deceased fram	3//	٧ 19	89	, to _ S/15		1987	that (I) (we) last
		saw the deceased	alive an	3/45	19/	377, ar	nd that in (my) (our) opin	nian dea	th accurred an the c	date and h	aur and fram the	couses stated
E		abaye, (1) (we) (di	d) (did not) yiev	w the seody	other depart		DEGREE				22c. DATE	SIGNED
#		11/0	V	00	7 /1	-	ATTENDIN	iG /	MEDICAL STA	FF _	/ 1	
=		Don	2/1	M	(Cool	690	PHYSICIAN	N D	IRECTOR PHYSI	CIAN	3/1	3/84
TA		11 TISICIAN'S NA	NE THE OFFICE	5 /		/	22e ADDRESS		11	1	1	/
MPORTANT: If Item 21 is marked		1KW/m	0)	41/1	who		11/1/2011	11	MOSI	1/2	/	
¥-	100	1/3///6//	- //	1111	11 //	NIAME OF C	11111111111	/	EM. LOCATION	164	/	
		BURIAL, CREMATION, R	EMOVAL 73	DATE	P277		EMETERY OR CREMATO		CITY OR TOWN		COUNTY	STATE
_		Burial		3/17/	84 I	ruid F	Ridge Cemete	ery	Pikesvi	lle,	Balto. (Co., MD
/82	24. F	UNERAL DIRECTOR		AT			250.	PATRE	SC'A BY REGISTER	256. REGI	AND STREET STREET	mondable
02	ST	EWART & MO	WEN CO	. 102	B W. NOT	th Ave	21201	MIMI	1 4 4 60 1	1		2
	-	white a Lio	ITALL OUS	7	.,, .,,					T		

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Deltimore City Ounce Bear Senso -lasteras yore Baltimore Dailis .aw oliga 7004 2 2 promiting 212-01-407 M. Mobert W. McGregor, 2707 Ceder brive 21307

Burial 3/17/64 Druld Blage Cenebery Plicaville, Bulto. Co., in

STRART & MEET CO., LOS V. MOTER AVE. 11701

Page

			OF MARYLAND	11 7	5 8	2	
75	DEPAR		ALTH AND MENTAL HYG	IENE "	in Ch	(rod)	
TE GISTRAR		CERTIFI	CATE OF DEATH	REG. NO)		
ED AME A FIRST	MIDDLE	. luch	TRIBERO		MONTH DAY	MYEAR 21	b. HOUR
WENALE	NA (NMN)	EW.	VEINBERG	3/19.	138	4	830 PH
	4. RACE	S. DATE O		6. AGE IN YEARS LAST BIRT			F UNDER 24 HRS
Female	white	Nov	-15-1897	186	YRS.		HOURS MIN.
LACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
Russia /	Russia	WIDOWE		BALT	HOR7	C	ITY MD.
R TOWING DEATH	11. NAME OF HOSPITAL, NURS			17g. USUAL OCCUPATION	ON 12	KIND OF E	BUSINESS OR
29-1 111-4	(IF NOT IN SUCH FACILITY, OWE STRE		11220	(TYPE OF WORK TO THE		DUSTRY	
timore	SCHAI	40	245145	Homemek	er / (Dwn H	ome
SIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 136, CITY OR TO		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZID CODE 2/	215	
1A Cit	DAIT	MAPF	YES NO NO			selve	Avenue
S'S NAME	y bacel	MORE	15. MOTHER'S MAIDEN NAM		House/	JET AE	dere
	NIDDLE LAST		FIRST	MIDDLE		LAST	
saac	Poir	es	Raisel			VKNOW	
DECEASED EVER IN U.S. ARA		CURITY NO.	17. INFORMANT 3702	Menlo#Df	ive, Ba	Lto.2	1215
NO (IF YES GIVE	A 215-48	-2082	MRS. Rosl	yn Klawan	sky (S		
AUSE OF DEATH (Enter and	y ane cause per line far (a), (b),	and Ich		, , , , , , , , , , , , , , , ,		BETWEEN ON	SET AND DEATH
PART I. DEATH WAS CAUSED		TIC	SHOCI	4	100		
4818 MMEDIAT	E CAUSE (a)				100		
1000	DUE TO, OR AS A CONSEC	UENCE OF +	PNEUMO	111:4			
nditions, if any, which	(b)		17000010	16014			
ve rise to immediate use (a), stating the	DUE TO, OR AS A CONSEC	LIENCE OF					
derlying cause last.		02.102.01					
TO OTHER CICKUES CANIT C	(c)	O DEATH BUT	LOT BELATED TO THE TERM	IN AL DISEASE OR CONT	DITION CIVEN IN	LDADT 1	
CARATA C	FAIL URE	DEATH BUTT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	IPARI IIO	
DATE OF OPERATION	196. CONDITION FOR WHIC	M OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
				YES T NOT	IN CERTIFYING		NO 🗆
ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR				110
CONTRIBUTING CAUSE OF DEA	LIQUID A AA AAQNITH	DAY YEAR	ZIL HOW MYJORI OCCORN	CED LEWISK MATURE OF INJUR	RT IN HEM IS PART I	JR PART 2)	
EITHER, NOTIFY MEDICAL EXAMINER		19					
INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION			OUNTY	STATE
ILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC)	STREET	CITY OR TO	WIN	CONT	SIAIC
ORK AT WORK		-2	116 86	2/10	1	26	
	ral) attended the deceased from	17.	19 17	, to	. 195		at (1) (we) last
saw the deceased alive on, above, (1) (we) (did) (did not) view the body after death	(17 , dn	d that in (my) (aur) apinion of	death occurred on the de	ote and haur and	fram the ca	uses stated
SIGNATURE /			EGREE			W DATE SI	GNED
Ver	n T	9/2	ATTENDING PHYSICIAN	MEDICAL STAP		3/	13.84
PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e. ADDRESS		-000	-	

3 in by the funeral director, page 3 be filed within 72 haurs after death filled 70 pua Poge physicion remove carban paper Then please remove carban paper to burial, cremation, or removal offending signed by the certificate has been TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior or attending physicion. retained by the haspital

or other troumotic event,

ony

sho

00

IMPORTANT: If Item 21 is marked or Item

DHMH - 16 50M 4/B3 (VRA 15, 4)

0

Burial 20 BP

22b. SIGNATURE

22d PHYSICIAN'S NAME

230. BURIAL, CREMATION, REMOVAL

FOR - STATE REGISTRAR DECEASED AME

7a. BIRTHPLACE

13a. STATE

14. FATHER'S NAME FIRST

COUNTRY

Baltimore

Isaac

(YES, NO OR UNKNOWN)

NO

Russia 10. CHY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTI

160 WAS DECEASED EVER IN U.S. ARMED FOR

18 CAUSE OF DEATH (Enter only one can

Canditions, if any, which gave rise to immediate

PART 2 OTHER SIGNIFICANT CONDITIO

cause (a), stating

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER 71d INJURY OCCURRED

220.1 certify that (1) (this hospital) atten-

underlying

CERTIFICATION

MEDICAL

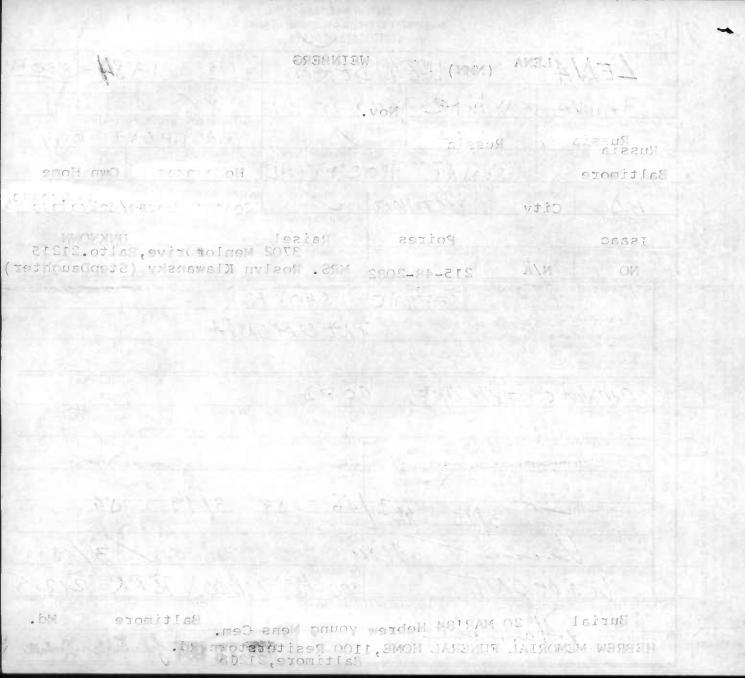
3. SEX

23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

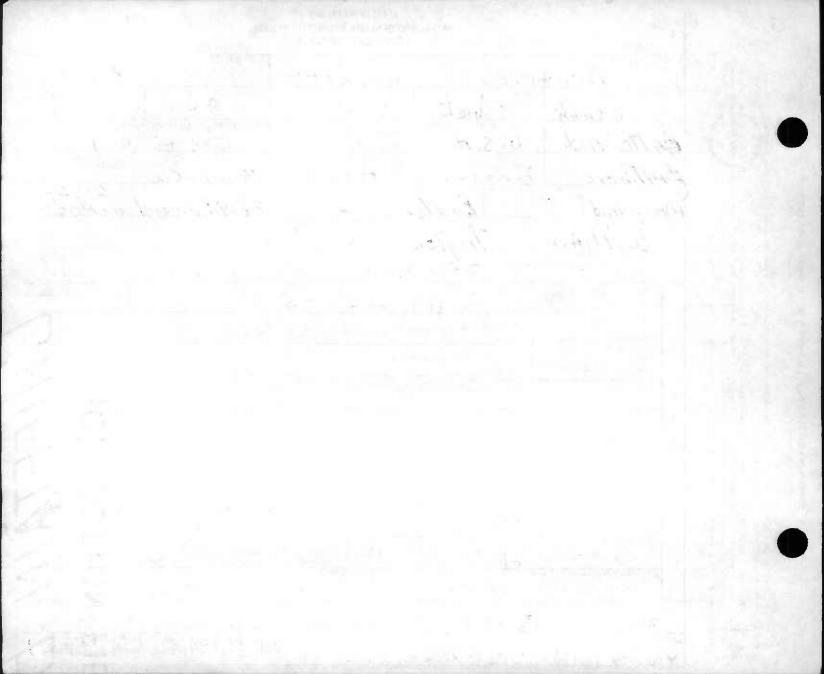
23d. LOCATION

Md.

Baltimore MAR 84 Hebr -dram REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR FUNERATOR HOME, 1100



1	FOR STATE REGISTRAR		DEPARI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. N	0.
1. D (TY	ECEASED NAM PE OR PRINT)	Boat	MIDDLE RACE	LU gatt 5. DATE OF BIRTH		MONTH DAY YEAR
15/20	BIRTHPLACE I	emple 1	BIACK B. CITIZEN OF WHAT COUNTRY		9. BALTIMORECITY O	YRS. MONTHS DAYS
046	A / TO	OF DEATH	1. NAME OF HOSPITAL, NURSI	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATI	
000	UAL RESIDENCE STATE ATHERS NAME	nd 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFOR		13. STREET ADDRESS	nondson F
1	WAS DECEASE	DEVER IN U.S. ARM		e Judy	HARVEY ABORE	LAS
16a	(YES, NO ORUNKNO	OWN) (IF YES, GIVE Y	WAR OR DATES) 215 78	9432 MR JOHN WIR	- WYATT 381	APPROXIBET WEEN
Jolic eve	170	MAS CAUSED IMMEDIATE	DUE TO, OR AS A CONSEQU	JENCE OF HEST OF T	Brount ac	
rion	Canditions, gove rise cause (a), underlying	if dny, which to immediate stating the cause lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONSEQ		Beest C	
hows arm injury, or ainer troumotic eve.	Canditions, gove rise cause (a), underlying PART 2 OTH	if dny, which to immediate stating the cause lost. ER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE	JENCE OF DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED	MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{VO} \)	DITION GIVEN IN PART TO 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [
Item 18,500% only injury, or other troumotic eve	Canditions, gove rise cause (a), underlying PART 2 OTH 190. DATE OF 210. ACCIDENT OR CONTRIBUTION (IF EITHER, NO	if dny, which to immediate stating the cause lost. ER SIGNIFICANT CO OPERATION WAS UNDERLYING NG CAUSE OF DEATT LIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE TOTAL THE TOTA	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED DAY YEAR 19	MINAL DISEASE OR CON	DITION GIVEN IN PART TO 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [
orked on term 18 shows on, injury, or other froumotic eve	Canditions, gove rise cause (a), underlying PART 2 OTH 190. DATE OF 210. ACCIDENT OR CONTRIBUTION	if dny, which to immediate stating the cause lost. ER SIGNIFICANT CO OPERATION WAS UNDERLYING NG CAUSE OF DEATT LIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE TOTAL TO THE TOTAL TO THE TOTAL T	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCCU	MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{VO} \)	DITION GIVEN IN PART 114 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES RY IN ITEM 18 PART 1 OR PART 2)
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Baltimore St., Ballo, Md. 21224

FOR - STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE HSISTE TTALW SHOPEN 29/31/A 14 12 A 3/19/32 > 1 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

retained by the hospital or attending physician

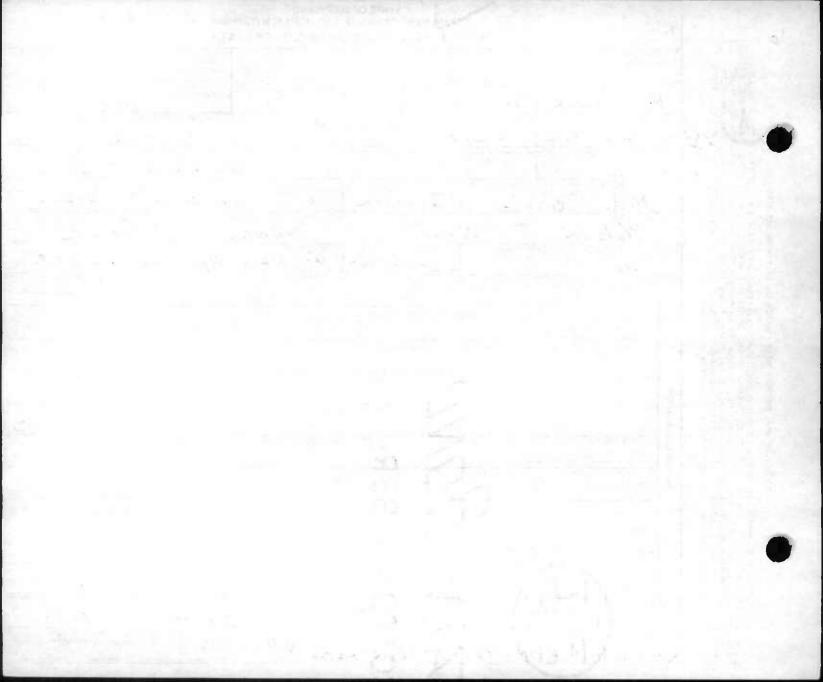
BP_____ DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove corbon papers. Page 11 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEI REGISTRAR CERTIFICATE OF DEATH

NE	6	j

	REGISTRAR		CERTIFICATE OF DEATH	REG. N			
	CEASED NAME FIRST	Much	IAST LAST	20. DATE OF DEATH	3131/	×4	26. HO
3. SE		BLACK	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	YRS.		IF UNDI
11	1REINIA	CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED WIDOWED DIVORCED	MITIACI	ORE_		
7	AHMORE	CH FACILITY, GIVE STREET	+ HOSDITAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST		26. KIND OF NDUSTRY	BUSIN
//	AVRESIDENCE (IF NURSING MOME OR OTH STATE 13b. COUNTY		TORE YES IN NO [1321 FRE	estman	ist.	21
2	UNIOUS	Wychelast	15. MOTHER'S MATDEN	2/14 KAN	e	LAST	
21	NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) VKNOUN		LANACE L	Thompson	1381	Ness+	MA
	gove rise to immediate	(6) 100000	mlue				
7	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU		ERMINAL DISEASE OR COM	NDITION GIVEN I	N PART 110	
IFICATION	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU (c) SEPS15 NOTIONS CONTRIBUTING TO	ENCE OF	200 AUTOPSY?	206. IF YES, WI	ERE FINDING	GS USE
CAL CERTIFICATION	couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEOU (c) SEPSIS DITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE T HOPERATION WAS PERFORMED		20b. IF YES, WI IN CERTIFYING YES	ERE FINDING G CAUSES C	GS USE
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	COUSE (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COI 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	DUE TO, OR AS A CONSEOU (c) SEPSIS INDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE THOPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCC	200 AUTOPSY? YES NOC CURRED (ENTER NATURE OF INJURE) CITY OR TO	20b. IF YES, WI IN CERTIFY INC YES UNITED 18 PART 1	ERE FINDING G CAUSES C] ORPART 2)	GS USE DF DEA NO (
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Ruck Torson Furenal case, Inc. Lowson, 12.21200

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND OF DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Ų		REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. NO	Ο.		
- "		CEASED NAME	FIRST	,	MIDDLE	Į.	A51		20 DATE OF DEATH		Y YEAR	2b. HOUR
	(TYPE	OR PRINT)	Jade	en ()	LNIE	Yo	ung		03/20/8	34		2:25P _M
- 4	3. SE)	1		RACE /		5. DATE C			AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	DI	rale		white	2	FEB	15 19 d	93		YRS	ONTHS DATS	HOURS MIN.
24		RTHPLACE (STATE OR	FOREIGN	L CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARR	IED 🗗	BALTIMORE CITY O	_		
	ch	wton N.)d-	0.5.	H	WIDOWE	DI DIVORC	ED 🗌	Baltimo		.ty	MD.
70	2	ty or town of DEA Baltimor	/	(IF NOT IN SUC	H FACILITY GIVES	TREET ADDRESSI	ns Hospi		TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINESS OR
20	USUA	AL RESIDENCE HENURS	ING HOME OR	OTHER INSTITUTION					11 77		// //	
4	N	DO	A A	Co	13c CITYOR	NOWN LEK	13d INSIDE CITY LIV		30. STREET ADDRESS	ZIP CODE	Ave.	21037
50	14 FA	THER'S NAME		AIDIÉLE .			15. MOTHER'S MAI	DEN NAM	E			-
4	DI	arriel	Pa	teach	100	ING	JACQUE!	m 2	FRANCES	, and the second	Pell"	1
n		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	. /	ADDRE	55		
P		NO	rli		NI	A	DAMIEL	Tour	19 II	13e		
		18. CAUSE OF DEAT PART I. DEATH W	H (Enter onl	y one couse per	line for (o), (b	oi, and ici i	ı.				BETWEEN C	MATE INTERVAL ONSET AND DEATH
		PARTI DEATH W		CAUSE (a)	ordie	vasculat	collag	اعور			2	des
		7855		DUE TO, OI	R AS A CONS	EOUENCE OF	,				1	
- 11		Conditions, if ony, gove rise to imm		(b)	Sophi	c Shic	ock				20	des
		couse (a), statin	ig the	DUE TO, OF	R AS A CONS	EOUENCE OF						
				(c)								
	NOI	PART 2. OTHER SIGN	0.00		ONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 110	3 1
1	ATIO	90 DATE OF OPERA	TON		TION FOR W	HICH OPERATIO	N WAS PERFORMED)	20a AUTOPSY?	20h JE YES	WERE FINDIN	IGS LISED
	ERTIFICAT	DAIL OF GREAT		170 CON 151		THEN OF EXALLO	THE TEN ORMED			IN CERTIFY	ING CAUSES	OF DEATH?
n	EH.	210. ACCIDENT WAS UNI	DERLYING [21b. TIME O	FINJURY		21c HOW INJURY	OCCURRE	D (ENTER MATURE OF INJUI	YES		NO X
1	T T	OR CONTRIBUTING	CAUSE OF DEAL			DAY YEAR			, , , , , , , , , , , , , , , , , , , ,			
	WEDIC	(IF EITHER NOTIFY MEDI-		P.J 21e. PLACE (19	211 LOCATION					
	M	WHILE NOT WE	THE	(AT HOME, STR	REET, FACTORY, OF	FICE FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
		22a certify that (I)		ol) attended the	e deceosed Ir	om Mare	h 18 19	34	10 March	20 1	84	that (I) (we) lost
		sow the deceos obove, (I) (we)	ed alive on_	March	~ 20	Del.		opinion de	oth occurred on the de	ote and hour		
		22b. SIGNATURE	dior (did not	view the body	A A	2	DE GREE				22c. DATE	SIGNED
		15	resid	160	chun	el VI	ND ATTEN		MEDICAL STAI		3/2	-0/84
7		22d PHYSICIAN'S N	AME (TYPE OF	PRINT)	A		22e ADDRESS	1	11	1	0	01
		Bren	t	Apchu	rch	MD	Johns	Hoy	okius Ho	reita	, Do	Mimore
	23a. B	BURIAL, CREMATION,	REMOVAL	236. DATE		1 11	EMETERY OR CREM.	ATORY	23d. LOCATION	11	COUNTY	STATE
	_ 2	Bulial		march	23. 1984	CALEI	nin T		Douldsex	colle	17.4.	mcl.
	24 FL	UNERAL DIRECTOR	11.	12	ADDR	PF5S		75a DATE	REC'D. BY REGISTRAR	256 REGISTR	ARS SIGNATI	URE OCC
	1	· H. HARO	10017	MAN.	Mid	2140/		MAR	21 1984	a Day	ason-Ma	lanca.

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OR ATTENDING PHYSICIAN The in-requires that the death certificate be executed

in 24 haurs after death. Page 4 may be

TO FUNERAL DIRECTOR After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use on the burnal-transit permit. Then please remove carbon papers. Pages and 2 should be filed within 72 hours after death with the State Dept. of Mealth and Mental Hydrens prior to burial, cremation, or removal.

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. N	10.		
Yulman	20. DATE OF DEATH		DAY SEAR	2b. HOU
/UIMQD		167	104	1 //

REGISTRAR		CERTIFICATE OF DEA	REG. N	0.
1. DECEASED NAME FIRST TRYS	NG J MIDDLE	Yulman	20. DATE OF DEATH	25 84 11 P
3. SEX MALE	1, RACE white	5. DATE OF BIRTH	6. AGE JIN YEARS LAST BE	THDAY) IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS M YRS.
78. BIRTHPLACE (STATE OR FOREIGN COUNTEN YORK	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MA	RIED 9. BALTIMORE CITY C	DR COUNTY OF DEATH
BALTIMORE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Single HOSPIT	NG HOME OR OTHER INSTITU		ION 12b. KIND OF BUSINESS
USUAL RESIDENCE (IF HURSING HOME OF 130. STATE ML COU	TTO. 13c. CITY OR TO	WN 13d. INSIDE CITY	7013 PLY	MOUTH RD, 21208
MAX	P. YOLM	AN 15. MOTHER'S M	YETTA MIDDLE	SCHEINERMAN
(YES, NO PRONKNOWN)	IVETWAR/OPPINITES)		MRS. DURISDOE PLYMOUTH RD. F	SALTO, MD 21208
		work ischer	THE TERMINAL DISEASE OR CON 200. AUTOPSY? YES IN NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT IFFILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 2H. LOCATION	RY OCCURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART 2)
22a.1 certify that () (this has	oital) attended the deceased from n 19 at) view the bady after death.	5-11	19_84, to_3/2 r) opinion death accurred an the d	19, that (we)
22d PH SICIAN'S NAME TYPE	. Seeky MD	ATT	ENDING MEDICAL STA	SEF CIAN & 3 25 84
22d OH SICIAN'S NAME (TYPE	ORPRINT) - SEELY	220. ADDRESS	nai Hospi	FF > 1 3 3 5 RZ
	OR PRINT) . SECLY L 23b. DATE MAR • 27 , 1984	220. ADDRESS 220. ADDRESS NAME OF CEMETERY OF CRE BALTIMORE HEBF	MATORY 23d LOCATION	ORE COUNTY MARYLAN

DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

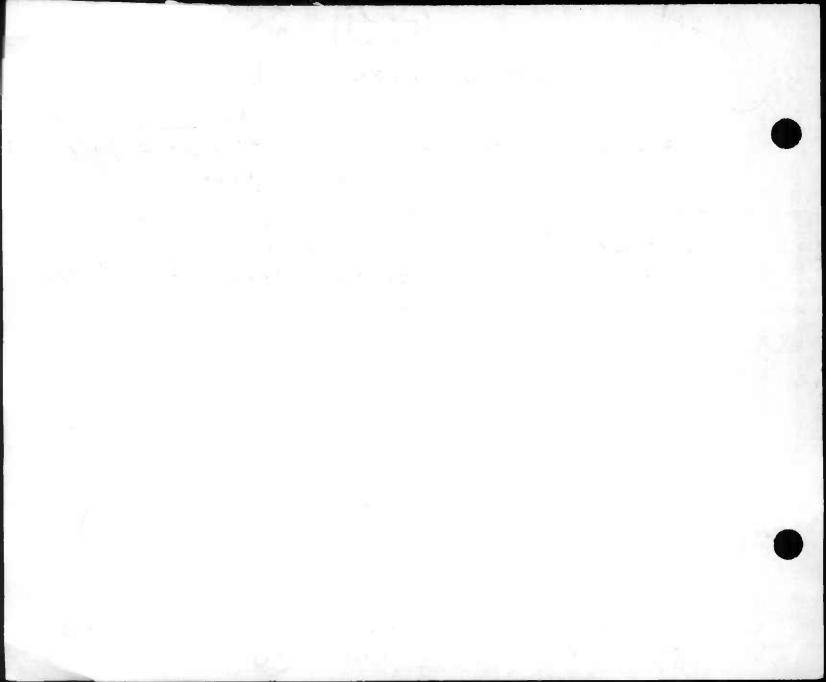
'	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. 1	٧٥.		
	CEASED NAME FIRST	(LUDWIKA)	ZAKOS	CIELNA	20 DATE OF DEATH	MONTH OA	5 84	9:50
3. SE	F	4 RACE	5 DATE C		6 AGE (IN YEARS LAST B		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
F	RTHPLACE (STATE OR FOREIGN SOUNTRY) O A J D ITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT C	U.S WIDOWE	D NEVER MARRIED DIVORCED DO OTHER INSTITUTION	9 BALTIMORE CITY	DORE	Cit	MD.
عطر	altimore	GODO SOM	aritan +10	Γ.		OF WORKING LIFE)	INDUSTRY	F BUSINESS OK
[3n. 5	AL RESIDENCE (IF NURSING HOME O STATE 13b COUI		Y OR TOWN	134 INSIDE CITY LIMITS?		ZIP CODE	2	11224
A	ATHER'S NAME FIRST NDREW SA	AGA	LAST	CATHERI	NE BIG	05	LA51	Г
	NAS DECEASED EVER IN U.S., AF YES, NO GRUNKNOWN) (IF YES, GI	RMED FORCES? 166 SOI VE WAR OR DATES)	CIAL SECURITY NO.	STELLA F	HELINSKI	432 I	-mka	ST.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA		ia), (b), and ic	•			APPROXI BETWEEN C	MATE INTERVAL DNSET AND OEATH
7	5070 Canditians, if any, which	DUE TO, OR AS A C	ONSEQUENCE OF					
	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A C	ONSEQUENCE OF					
NO O	PART 2 OTHER SIGNIFICANT	Prumonia		NOT RELATED TO THE TER/	MINAL DISEASE OR COM	NDITION GIVEN	N IN PART 110	
CERTIFICATION	19a DATE OF OPERATION		OR WHICH OPERATIO	n was performed	200 AUTOPSY?		WERE FINDIN NG CAUSES I	
EDICAL CE	2]a, ACCIDENT WAS UNDERLYING C OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	AIII	Y DNTH DAY YEAR 19	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	1 OR PART 2)	
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUITAT HOME, STREET, FACTO		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220 I certify that (1) (this hosp saw the deceased alive or obove, (1) (we) (did) (did no	3/5/	19 8 4 gr	nd that in (my) (aur) opinion	death accurred on the c	date and haur o		that (I) (we) last couses stated
	226. SIGNATURE Reddy			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		3/5	SIGNED 12 4
	22d PHYSICIAN'S NAME (TYPE OF	REEDD)	,	Good Same	ilan Hosel	I Lot	Maren S	हाम.
23a E	BURNAL, CREMATION, REMOVAL	23b. DATE 4-9-198	4 ST, ST	ANISKAUS	BALTON P	nor	COUNTY /	MD STATE
17	YMPOND L. KAC	zorowski	102525F	LEET ST. 250 DA	TE REC'D. BY REGISTRAI	gulia Da	WINSON-	Pandall

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carban papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumotic event, th

IMPORTANT: If them 21 is marked or them 18 shows any



	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	TGIENE 0 7 5 9	
		CEASED NAME	ST MIDDLE	- ADE	20. DATE OF DEATH MONTH	DAY YEAR 25. HOUR
	-		IILL IV	2-1111	3-4-04	4:10H.M
	3. SE	Χ	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	White	11-3-1902	8/ YRS.	
221	Ta. Bi	RTHPLACE (STATE OF FOREIG	75. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
1	1	Balto. Nd.	U.S.A.	WIDOWED DIVORCED	□ Baltimore (ity MD.
21	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR
37		Baltimore	Belair Conva	, .	Self - Employed	/ (2) / /
197	130. S	AL RESIDENCE IF NURSING HOTATE	GOUNTY 13c CITY OR TO	WN 13d. INSIDE CITY LIMITS		212
2		Md. NE	Balto. Baltin		324 Stevenson	Lane Apt. Ba
周约	I FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
S.K	1	Herman	Lapl	Louisa		
dicol		YAS DECEASED EVER IN U.	S. ARMED FORCES? 165 SOCIAL SEI	CURITY NO. 17. INFORMANT	ADDRESS	2121
a de		No	213-16-	4759 Mrs. C. Rec	nina Lock -6116 Had	ddon Hall Rd.
or other troumotic ever		PART I. DEATH WAS COMMITTED IN MANAGEMENT OF THE PART IN MANAGEMENT OF	DUE TO, OR AS A CONSEGUE	00.44	ESTIVE H	A-CHRI
njury.	2	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TE	rminal disease or condition giv	EN IN PART 110
huog	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO N
hem 18 sho		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)
or them	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
2	W.	WHILE NOT WHILE	AT HOME STREET FACTORY, OFFIC	E, FARM, ETC STREET	CITY OR TOWN	COUNTY STATE
21 is mork		saw the depended of	manufacture the body ofter death.		on death occurred on the date and hou	19, that (I) (we) lost r and from the causes stated
ANT. # Hem		22MPHYSICIANS NAME	Ruesa	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	3/4/84
PORTA			Time sectional	ME ADDRESS		/ / /
3 3						

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR Miller Inc-6415 Belair Rd. -21206

23b. DATE

230 BURIAL, CREMATION, REMOVAL

23d. LOCATION

THE OFFICE AND THE PROPERTY OF THE PARTY OF

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dely to			ate loc leit oli -2178			

4 moy be

executed within 24 hours ofter

requires that the deoth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. filled in by

FOR

STATE OF MARYLAND

emale // BIRTHPLACE (STATE OR FOREIGN COUNTRY?) // BIRTHPLACE (STATE OR FOREIGN COUNTRY?) // BALTIMORE CITY OR COUNTRY?	IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN. OF DEATH - MD. 112b. KIND OF BUSINESS OR EI INDUSTRY 21215
3. SEX emale hite hite hite hite hite ARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED Baltimore City Nonced Baltimore City Balt	OF DEATH OF DEATH OF DEATH IZB. KIND OF BUSINESS OR
Maryland OCITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF BALTIMORE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF BALTIMORE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF BALTIMORE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF BESIDENCE BEFORE ADMISSION) 136. STATE Balto. City Balto.	12b, KIND OF BUSINESS OR INDUSTRY 21215 ALAST MD. 21215
BALTIMORE JIFNOTINSUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 132. CITY OR TOWN 134. INSIDE CITY LIMITS? 135. STREET ADDRESS 5209 St. Char 14. FATHER'S NAME FIRST George E. Babylon 15. MOTHER'S MAIDEN NAME FIRST George E. Babylon 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 161. SOCIAL SECURITY NO. 17. INFORMANT MYS. Hazel KUPOTRZSS	21215 VILS AUX. MD. 21215
136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 136. STATE TADDRESS 136. STREET ADDRESS 136. STREET	MD. 21215
FIRST George E. Babylon Last FIRST FOR CO. 17. INFORMANT MYS. Hazel Kundungss	MD. 21215
(YES NOTO THE YES GIVE WAR OR DATES)	
	BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: (AVOID MA (MONARY) MMEDIATE CAUSE (a)	
Conditions, if ony, which gove rise to immediate (b) Yeart allan; Emphyselma	5 years
couse (a), stating the underlying couse lost. (c) Pherosclero's heart dislave	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN Hyperhalise	
YES NO YES	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT FEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	ART 1 OR PART 2)
White NOI White	COUNTY STATE
22a.1 certify that (1) (this hospital) attended the deceased from 3-28-54, 19, to 03-29-39, 19 sow the deceased alive an 03-29, 19, and that in (my) (our) opinion death accurred on the date and haur above, (1) (we) (did) (did not) view the body after death.	
27b. SIGNATURE CIN MIST DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	121. DATE SIGNED 129-84
22d. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. MILAN WISTER 22d. ADDRESS S(NA) HOSPITAZ	OF BACTIMOL
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN BURIAL 3-31-84 Loudon Park Cemetery Baltimore City, 24. FUNERAL DIRECTOR LOTTING BY REGISTRAR 25% RAGISTRAR	Maryland state
8728 Tiberty Road Randallstown, MD. 21133 MAR 30 1984	PARIS SIGNATURE

DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic eventselven

The Acres with the